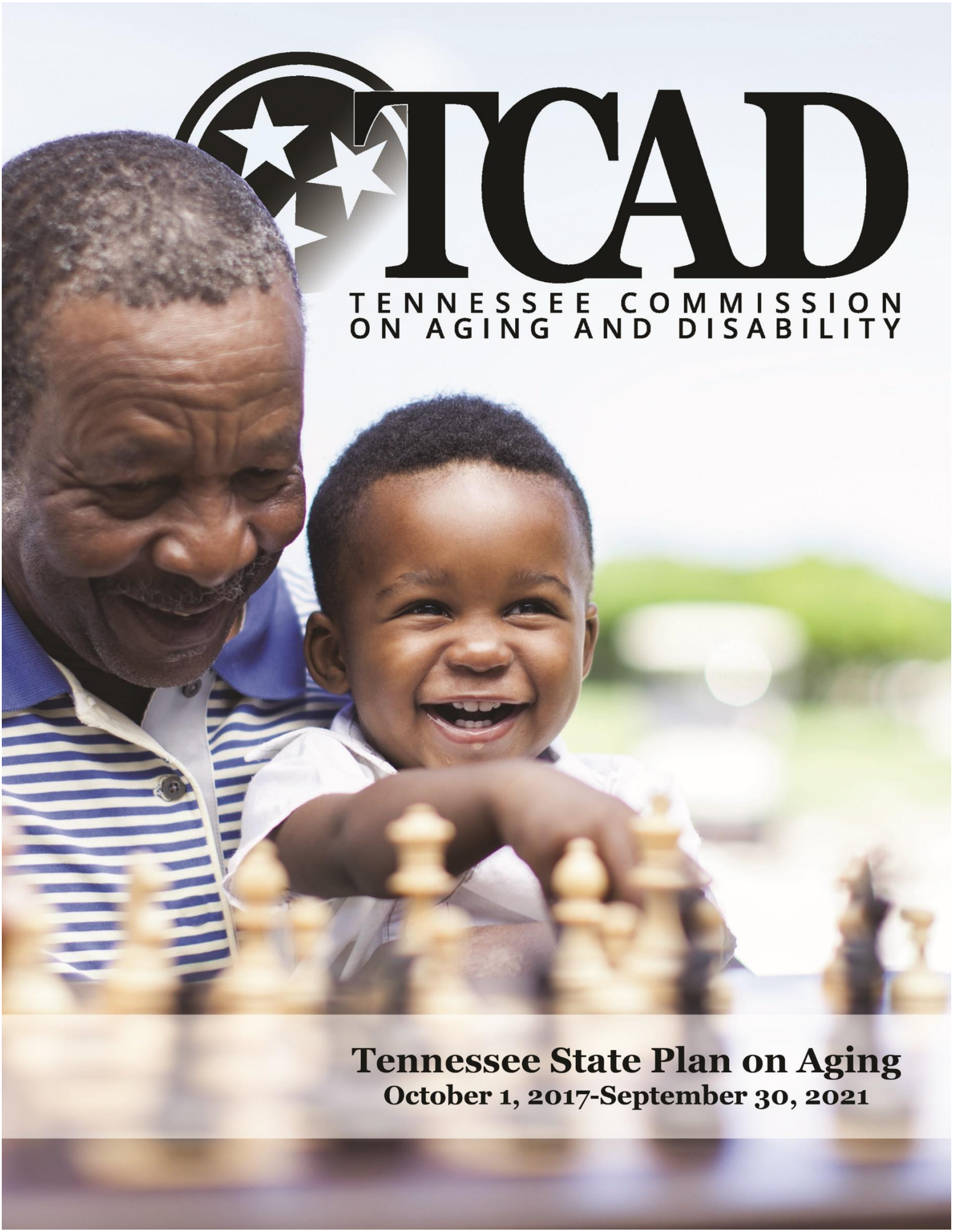

Tennessee State Plan on Aging

October 1, 2017-September 30, 2021

Verification of Intent

The Tennessee State Plan on Aging, October 1, 2017 – September 30, 2021, is hereby submitted to the Administration for Community Living for Approval. It includes all assurances and plans to be conducted by the Tennessee Commission on Aging and Disability under provisions of the Older Americans Act. The Tennessee Commission on Aging and Disability under provisions of the Older Americans Act. The Tennessee Commission on Aging and Disability has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purpose of the Act; i.e. the development of comprehensive and coordinated systems for the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for older Tennesseans.

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary of Aging

The State Plan on Aging, October 1, 2017 – September 30, 2021, hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements

6/27/2017
Date

Jim Shulman, Executive Director
Tennessee Commission on Aging and Disability

I hereby approve this 2018-2021 State Plan on Aging and submit to the Administration for Community Living.

6/26/2017
Date

Bill Haslam, Governor

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Executive Summary

Since 1963, the Tennessee Commission on Aging and Disability (TCAD) has operated with the core function of protecting and ensuring the quality of life and independence of older Tennesseans and older adults with disabilities.

As of 2017, Tennessee is home to 1.57 million adults ages 60 and older. It is projected that this will grow by 37% to 2.16 million by 2030. In fact by 2030, 28% of the entire population of Tennessee will be 60 or older. Programs and services will be essential to address the needs of this large and rapidly growing population.

The Older Americans Act programs and other home and community based services administered by TCAD will continue to play a vital role in addressing these growing needs. The Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021 will provide the framework for a comprehensive and coordinated system to address programs and services to allow older Tennesseans to age with dignity and the highest possible quality of life. The Tennessee State Plan on Aging addresses changes in demographics, funding and resources, and the challenges that Tennessee will face in the coming years.

Programs and services such as, but not limited to, Older Americans Act core programs, Administration for Community Living (ACL) discretionary programs, person-centered planning, elder justice, and an array of community services and programs will be necessary to meet the current and future needs. Information, assistance and referral; in-home supportive services; nutrition services; transportation options; senior centers; Medicare counseling; caregiver support; and dementia programming are included in the Tennessee State Plan on Aging.

The Tennessee State Plan on Aging will continue to target older individuals with the greatest economic and social needs, as well as initiatives outlined in the 2016 Older Americans Reauthorization Act.

During November and December 2016, the Tennessee Commission on Aging and Disability (TCAD) conducted a statewide survey of both older adults and their providers. This survey was designed to document what is currently working well to support our aging population; to allow participants to express concerns in an open-ended format; to gain a broad understanding of challenges faced by older adults; to better understand direct service providers' perspective of barriers to providing services; and to inform policies to make services more accessible, efficient, and effective. The survey was conducted online, over the phone, on paper with home-delivered meal clients, and in person with senior center participants. The combined data was shared, and subsequent data was collected during the public hearing on the Tennessee State Plan on Aging.

The comprehensive needs assessment consists of the survey results; data collected during TCAD's food insecurity study; a housing study; comments made during TCAD's quarterly commission meeting; comments made during the public hearing; and a review of current literature and the previous data provided by the 2014-2018 State Plan on Aging. Utilizing the data from the comprehensive needs assessment and other identified sources, the Tennessee State Plan on Aging was developed. The plan provides policy makers, service providers, and the general population with appropriate data about trends and implications for the current population, as well as the impact of the aging baby boomer generation on the total aging population.

According to the multiple data sources used to develop the Tennessee State Plan on Aging, Tennessee will be facing many challenges in addressing the aging and disability populations. Currently, the two main challenges are financial constraints and lack of program capacity to meet current and future demand. The long-term challenge will be the ability to keep up with the increasing demand for programs and services with stagnant or decreasing resources. Additional discussion of these challenges is contained in the narrative of this document. The goals and objectives in the Tennessee State Plan on Aging reflect the work that must be done to maintain and grow programs and services for the current population while planning for the resources required to meet the increased needs of this rapidly growing population. To meet the challenges of the present and the future, the infrastructure of the State Unit on Aging (SUA) must be effective and efficient, and personnel must have the necessary skills, knowledge and competencies.

Goal 1 will begin the process by ensuring programs and services funded with federal Older Americans Act dollars are cost effective and meet best practices. In order to accomplish Goal 1, the following SUA programs and services will be reviewed, evaluated and modified as needed: information and assistance; case management; home and community based services; transportation; senior centers; legal assistance; congregate meals; home-delivered meals; evidence-based health promotion; programs for family caregivers; ombudsman; elder abuse prevention; and overall program monitoring.

Goal 2 focuses on developing partnerships with aging network, community based organizations, local governments, and state departments in order to advocate to reduce the gaps in services identified in the needs assessment.

Goal 3 addresses ensuring that programs and services funded by State allocations are cost effective and meet best practices. The SUA will continue to review, develop and initiate strategies designed to increase access to, and improve the efficiencies of, public guardianship and state-funded home and community based services.

Goal 4 will ensure that Tennesseans have access to information about aging issues, programs and services in order to be able to make informed decisions about living healthy and independently for as long as possible and plan for their financial futures, healthcare access, and long-term care. This will involve informing key local and state decision makers, as well as the public, about the needs of seniors in Tennessee through increased communication and advocacy via publications and online resources. This will include, but will not be limited to, information about Medicare and healthcare access, as well as advance directives and legal needs.

Chapter 1 - Tennessee Commission on Aging and Disability

Mission
The Tennessee Commission on Aging and Disability brings together and leverages programs, resources and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities.

History & Current Status
The Tennessee Commission on Aging and Disability (formerly the Commission on Aging) was created by the Tennessee General Assembly in 1963. The commission is the designated state unit on aging and is mandated to provide leadership relative to all aging issues on behalf of adults age 60 and over in the state.

The Tennessee Commission on Aging and Disability (TCAD) has been administering Older Americans Act services and providing oversight—as mandated by the United States Administration on Aging (AoA)—since 1965. In 2001, the Tennessee Legislature expanded the authority of TCAD to provide home and community based services to older persons to include adults with disabilities under age 60 in the state-funded OPTIONS for Community Living Program. The OPTIONS Program was designed for individuals who do not qualify for long-term care services under the state medical assistance program. TCAD has administered federal funds to operate the statewide State Health Insurance Assistance Program (SHIP) since 2003. In 2004, the state Medicaid agency, the Bureau of TennCare, designated TCAD as the operating agency for the Statewide Home and Community Based Services Waiver for Elderly and Disabled. In 2008, the CHOICES Act enabled TennCare to contract with managed care organizations (MCOs) to manage Medicaid-funded long-term support services. In 2012, the Tennessee Valley Healthcare System (TVHS) contracted with TCAD for a five-year period for the development, implementation and management of the Tennessee Veteran-Directed Home & Community Based Services Program (TN VD-HCBS). In 2013, the Governor formed the Task Force on Aging to create a plan to improve the lives and care of older Tennesseans and their families through a collaboration of public, private, and non-profit leaders. TCAD continues this collaboration with state and local leaders through the TN Housing Collaborative, local transportation initiatives, and others. In 2014, the Tennessee General Assembly created the Elder Abuse Task Force, spearheaded by TCAD, to study Tennessee's current system for protecting, preventing and prosecuting crimes of abuse against Tennessee's older and more vulnerable adults. In 2016, Senate Joint Resolution 678 was signed into law requiring TCAD to work with the Tennessee Bankers Association, the Tennessee Credit Union League, and other appropriate organizations to assist financial institutions in protecting consumers from fraudulent and other questionable transactions. TCAD also administers state funds for multipurpose senior centers, public guardianship, homemaker and personal care services, and home delivered meals.

TCAD has provided leadership in advocating for and implementing a statewide system to provide in-home services for people who choose to stay at home rather than be cared for in a long-term care facility. The average annual cost of nursing home care per patient is significantly higher than in-home care. By providing a system for in-home services, TCAD has not only championed the cause for Tennesseans age 60 and over and adults with disabilities to be cared for in the setting of their choice, but has also saved taxpayers millions of dollars.

Long Term Services and Supports (LTSS)
TennCare CHOICES in Long-Term Services and Supports is the primary Medicaid program that provides services to older adults and adults with physical disabilities in Tennessee. Implemented in 2010, the program is a result of sweeping reform legislation, the Long-Term Care Community Choices Act of 2008. The key objectives include: expanding access to home and community based services; streamlining enrollment; improved coordination of services; support for family caregivers; continuous quality improvement focused on the member experience; and a more equitable balance in institutional versus HCBS expenditures.

CHOICES is an integrated Medicaid managed long-term services and supports program. TennCare-contracted managed care organizations are responsible for coordinating physical and behavioral health and long-term services

and supports, including nursing facility services and home and community based services for Medicaid-eligible members enrolled in the program.

The nine Area Agencies on Aging and Disability (AAADs) serve as the single point of entry for services provided through the Older Americans Act, the OPTIONS for Community Living Program, the State Health Insurance Assistance Program (SHIP), the Public Guardianship for the Elderly Program, and CHOICES home and community based services for new Medicaid applications. (MCOs assist their current members.) *See Attachment I for additional description.*

As of January 2017, a total of 29,789 Tennesseans are enrolled in CHOICES, with 17,074 (57.3%) receiving nursing facility services and 12,715 (42.7%) receiving home and community based services.

In July 2016, Tennessee implemented a second program component of CHOICES, Employment and Community First CHOICES, focused on serving people with intellectual and developmental disabilities. In addition to a comprehensive array of employment and supportive services, benefits in the new program include a number of services that are specifically targeted to support family caregivers, including: respite; supportive home care; family caregiver stipends; family caregiver education and training; conservatorship alternatives counseling and assistance; and health insurance counseling and forms assistance.

Chapter 2 - Focus Areas and Programs

Older Americans Act Programs (OAA)
Older Americans Act (OAA) funds provide a comprehensive array of services and the administrative infrastructure to deliver all OAA programs. As the designated State Unit on Aging (SUA), TCAD receives an annual allotment under Title III of the Older Americans Act, as amended, from the Administration for Community Living (ACL) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine (9) Area Agencies on Aging and Disability (AAADs) based on an approved intrastate funding formula. The AAADs plan, develop, and implement a system of services for persons age 60 and over in their respective Planning and Service Areas (PSAs). They also oversee multipurpose senior center activities. This comprehensive and coordinated system of services is described in the AAAD Area Plans. OAA programs administered by TCAD include:

OAA Title III–B Supportive Services/In- Home Services
Supportive services funds provide a wide range of social services aimed at helping adults age 60 and over remain independent in their own homes and communities. Some of the services offered under Title III–B of the Act include services such as information and assistance, transportation, case management, legal assistance, adult day care, and activities in senior centers.

- Information and Assistance
  The nine Area Agencies on Aging and Disability (AAADs) provide information, assistance, referrals, initial screening for program eligibility, and long-term care options counseling. The AAADs act as a single point of entry for federal and state programs. Information and Assistance is provided directly by the AAADs. This service may be accessed through the toll-free statewide number 1-866-836-6678. All AAAD Information & Assistance counselors are certified by AIRS (Alliance of Information & Referral Systems).

- Transportation
  AAADs contract with senior centers or human resource agencies to provide limited transportation services that assist adults age 60 and over with accessible rides to medical appointments, senior center activities, meal sites, grocery stores, and pharmacies.

- Case Management
  AAADs provide case management for clients who receive home and community based services funding through the OAA Title III–B and State-funded OPTIONS. The in-home services primarily include case management, personal care, homemaking, and home delivered meals.

- Legal Assistance
  The Legal Assistance Program provides legal advice and representation by an attorney to older individuals and also includes counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Referrals may also be made to another community service provider. Public education on legal issues is also provided.

- Adult Day Care
  Adult Day Care provides personal care for dependent adults in a supervised, protective congregate setting during the daytime. Service sites may offer social and recreational activities, training and counseling, meals, rehabilitation, or medication assistance.

- Senior Centers
  An important part of Tennessee's aging network is multipurpose senior centers that serve as local community focal points for information on aging and aging activities in at least one location in each of Tennessee's 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Senior centers in Tennessee are supported through a combination of federal, state, and local funds.

OAA Title III–C Nutrition Services
The Aging Nutrition Program provides meals, socialization, and nutrition education and counseling to adults age 60 and over. These services are provided in 190 congregate settings (such as senior centers or senior housing), as well as to homebound older adults in all 95 counties. In furtherance of the program's purposes of addressing food insecurity, isolation, and wellness, partnerships are an increasing focus (including SNAP outreach to eligible older Tennesseans).

OAA Title III–D Disease Prevention and Health Promotion
The nine (9) AAADs or their contractors provide evidence-based disease prevention and health promotion programs across the state. Individual or group sessions, most often conducted at senior centers, assist participants to understand how their lifestyles impact their physical and mental health and to develop personal practices that enhance their total well-being, including physical, emotional and psychosocial factors. Examples include: Chronic Disease Self-Management Program, Matter of Balance, and Tai Chi.

OAA Title III–E National Family Caregiver Support Program
This program provides assistance to family caregivers caring for adults age 60 and over, adults with dementia, and grandparents or relative caregivers caring for a minor child. The Caregiver program provides: information and assistance; individual counseling/support groups/training; respite; and supplemental services on a limited or one-time basis.

OAA Title IV Activities for Health, Independence, and Longevity Aging and Disability Resource Center (ADRC)
In Tennessee, the AAADs serve as Aging and Disability Resource Centers (ADRCs).

OAA Title VI Services for Native Americans
Tennessee does not have an officially recognized Indian Tribal Organization and does not receive funding from Older Americans Act for Grants for Services for Native Americans.

OAA Title VII Elder Rights Protection

- Elder Rights
  TCAD advocates for the protection of older Tennesseans from abuse, neglect, exploitation, and discrimination. The Tennessee Vulnerable Adult Coalition (TVAC) was established in 2008, to bring the state's public and private agencies together to promote the collaboration necessary to prevent abuse, neglect, and exploitation of vulnerable adults.

- Long-Term Care Ombudsman
  The program consists of a State long-term care ombudsman, along with 11 district long-term care ombudsman located in the nine Area Agency on Aging and Disability districts, assisted by 200 volunteer ombudsman representatives.

  The Long-Term Care Ombudsman program is responsible for advocating for the rights of those residing in licensed nursing facilities, assisted living facilities and homes for the aged. The primary responsibility of this program is to resolve complaints that impact the health, safety and welfare of residents of long-term care facilities, as well as educating residents of their rights. The Ombudsman's advocacy role takes two forms: (1) to receive and resolve individual complaints and issues by, or on behalf of, these residents; and (2) to pursue resident advocacy in the long-term care system, its laws, policies, regulations, and administration through public education, consensus building, and policy or legislative action.

  The services of the Ombudsman are free, confidential and statewide. The program accepts complaints or concerns from anyone including, but not limited to, the residents of any nursing home, assisted living or residential homes for the aged, family members or friends of a nursing home resident, nursing home

administrators, employees of the facility, or any other concerned citizen. This program will also assist individuals and families interested in and considering long-term care placement.

OTHER GRANTS, PROJECTS & STATEWIDE PROGRAMS

OPTIONS for Community Living Program (OPTIONS): State-funded Home and Community Based Long-Term Care Services

Since 2000, the SUA has received state funds for home and community based long-term care services for adults age 60 and over and adults with physical disabilities who do not qualify for Medicaid long- term care services. The OPTIONS program provides homemaker, personal care, and home delivered meals.

Public Guardianship for the Elderly Program

The Public Guardianship for the Elderly Program is designed to assist adults age 60 and over who are unable to manage their own affairs and have no family member, friend, bank, or corporation willing or able to act on their behalf. Public Guardians assist clients in obtaining the basic necessities of life including making decisions regarding their finances or needed medical care. Legal proceedings (court order) are required prior to service delivery.

State Health Insurance Assistance Program (SHIP)

SHIP provides free and objective information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare and all other related health insurance. An important aspect of the program is to provide information and assistance with enrollment in Medicare Part D and target outreach to low-income Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy and Medicare Savings Programs and Duals with mental disorders or illness. The Administration for Community Living (ACL) funds the nationwide program. The statewide Tennessee SHIP operates through a small but highly trained paid staff, volunteers, and partnerships to provide service. In addition to counseling, program staff and volunteers perform community education and outreach on Medicare and current related issues.

Senior Medicare Patrol: Empowering Seniors to Prevent Healthcare Fraud

Senior Medicare Patrol (SMP) is a nationwide program designed to help combat fraud, waste, and abuse in the Medicare and Medicaid programs and is funded by the Administration for Community Living. In Tennessee, the program is administered by the Upper Cumberland AAAD and provides statewide coverage through the participation of all nine (9) AAADs. Retired professionals across the state are recruited and trained to serve as volunteer community experts, educating Medicare and Medicaid beneficiaries on how to better monitor what is paid on their behalf and report discrepancies. SMP programs work cooperatively with the SHIP programs described above, including but not limited to joint training and utilization of statewide volunteers.

DISCRETIONARY GRANTS

Current TCAD discretionary grants include:

Medicare Enrollment Assistance Program (MIPPA)

The MIPPA grant has been administered by TN SHIP since its creation in 2008. This grant provides funding to TN SHIP to perform expanded outreach activities, and expanded screening and application assistance activities to help low-income seniors and persons with disabilities to apply for two programs that help pay for their Medicare costs:

1. The Medicare Part D Extra Help/Low-Income Subsidy (LIS/Extra Help), which helps pay for the Part D premium and reduces the cost of prescriptions at the pharmacy, and
2. The Medicare Savings Programs (MSPs), which help pay for Medicare Part B.

Through the MIPPA grant, TCAD is able to provide Part D counseling to rural Medicare to promote Medicare's prevention and wellness benefits.

Model Approaches to Statewide Legal
The TCAD State Legal Assistance Developer, in collaboration with the Tennessee Alliance for Legal Services, will work with key stakeholders to create, implement, and maintain a high-quality, high- impact system of legal services delivery with the goal to bridge the gap between the needs of seniors and the system's ability to meet those needs, as well as to protect and enhance the essential rights and benefits of older persons in Tennessee. A senior helpline and other services will be developed to address critical legal issues such as financial exploitation, abuse and neglect, difficulties accessing benefits, and consumer scams.

Lifespan Respite
The Lifespan Respite program will continue through August 2017. Through a partnership with the Tennessee Respite Coalition, training was provided for eight individuals who will subsequently train respite caregivers. In the last year of the project, a strategic respite plan will be developed.

Supplemental Nutrition Assistance Program (SNAP) Outreach
Through partnership with the Tennessee Department of Human Services, TCAD conducts SNAP outreach to low-income older adults in East Tennessee. The goal is to reduce the participation gap between the number of eligible older Tennesseans and those who participate in SNAP. A grant provides additional staff for SNAP outreach activities as well as better incorporating SNAP outreach into existing agency functions. It is anticipated that this initiative will be scaled to all Area Agencies on Aging and Disability across the state over the next 2-4 years.

Chapter 3 - Statewide Needs Assessment

Overview

In order for TCAD (and other state departments and agencies serving adults age 60) to gain understanding of the challenges faced by older adults, a statewide comprehensive needs assessment was conducted and used to inform the Tennessee State Plan on Aging for October 1, 2017-September 30, 2021. This will provide policy makers, service providers, and the general population with appropriate data about trends and implications for the current population.

The Tennessee statewide comprehensive needs assessment consisted of four main components: (1) a statewide survey of older adults; (2) a statewide survey of service providers; (3) a food insecurity study; and (4) a housing study. The major findings from each component are included in this section. Additionally, copies of each survey instrument and key findings are included in the Appendices.

Statewide Surveys

During November and December 2016, TCAD conducted a statewide survey of both older adults and their providers. This survey was designed to:

- document what is currently working well to support our aging population
- allow participants to express concerns in an open-ended format
- gain a broad understanding of challenges faced by older adults
- better understand direct service providers' perspective of barriers to providing services
- contribute to policies to make services more accessible, efficient and effective

These surveys were conducted online, on the phone, on paper through home delivered meals, and in person at senior centers. After surveys were completed, two TCAD staff members independently reviewed and categorized the open-ended responses. Any discrepancies were either reviewed by a third party or discussed until agreement was reached. Revisions to the categories were made as needed to accurately reflect all participant responses.

Older Adult Survey

A total of 1,797 older Tennesseans ages 60 and over were recruited from senior centers, individuals calling the information and assistance line, TCAD's email listserv, AARP members, and social media. The older adult survey (Attachment F.3) asked the following three open-ended questions. The top four answers are listed for each.

1) **What challenges keep you from being more active in your community?**
    - Health concerns or lack of healthcare (35.4%)
    - Financial concerns (24.1%)
    - Transportation (17.0%)
    - Lack of accessibility (9.6%)
2) **What improvements would make your day to day life better?**
    - Exercise, recreation, and activities (12.6%)
    - Improvement in financial concerns (12.1%)
    - Transportation (11.9%)
    - Improvements in health or access to healthcare (11.8%)
3) **What is currently working well in your community to support older adults?**
    - Senior centers (58.5%)
    - Nutrition services (19.8%)
    - Exercise, recreation, and activities (10.6%)
    - Church and faith-based community (7.4%)

"Transportation is unreliable. Sometimes they don't arrive on time for pickup or return and there are long waits and missed appointments. Sometimes they don't arrive at all and we're stranded out at a doctor's office or store and have to call a taxi with high costs."

78 year old woman

Service Provider Survey

A total of 424 direct service providers who focus on older adults were recruited through Tennessee's Aging Network, academic partnerships, medical facilities, and professional organizations. Among the 297 direct service providers who completed the survey, there were: 56 service coordinators; 44 state government employees; 41 social workers; 33 senior center staff members; 11 physicians and medical providers; 14 healthcare workers; 11 information and assistance specialists; 10 housing providers; 8 individuals working in long-term care facilities; 8 Personal Support Services Agency staff; 5 home and community based services staff; 5 AAAD staff; 5 legal providers; and 9 from other varied professions (Table 9). These service providers were located throughout all 95 counties and had an average of 15.3 years of experience providing services to older adults.

"They are unable to make ends meet. They often will choose to go without groceries in order to be able to afford utility bills and medications. I find myself calling every agency in the area begging for assistance for this vulnerable population. Often agencies are also low or out of funding and unable to help."

Social worker, Sevier County

The service provider survey (Attachment F.4) asked the following four open-ended questions. The top four answers are listed for each.

1. **What are the three (3) most common unmet needs you see in your older adult population?**
   - Transportation (39.7%)
   - Nutritional Needs (27.9%)
   - Financial (23.2%)
   - Housing concerns (22.2%)
2. **In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?**
   - Transportation (31.0%)
   - Home and Community Based Services, "HCBS" (23.2%)
   - Improvements in Financial Needs (20.9%)
   - Changes to meet nutritional needs (20.5%)
3. **What is currently working well in your community to support older adults?**
   - Nutrition Programs (35.0%)
   - Senior Centers (30.0%)
   - Transportation providers (19.9%)
   - Church and faith-based community (11.4%)
4. **As a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?**
   - Lack of Funding (33.3%)
   - Not enough organizations or providers in community (18.9%)
   - Waitlists for services and programs (8.1%)
   - Rules and Regulations (7.1%)

"I ain't used to this. I had a husband and he died, and I always had what I wanted to have when he was living. When I look at my refrigerator and don't have enough, I just eat less. I'll eat a piece of bread till I can have another meal. Or one piece of chicken and save the rest. You have to learn and compromise."

Woman, age 65

<u>Older Adult Food Insecurity Study</u>

The Senior Food Insecurity Study was conducted in partnership with Middle Tennessee State University. The purpose of the study was to better understand successes and challenges that low-income older Tennesseans face in meeting their nutritional needs. The study was conducted in three phases including interviews with low-income older adults, surveys of service providers, and a random, representative sample survey of low-income older adults from across

"It's excruciating to try to stand or try to chop things or stand and do dishes … what I've done is if I was in too much pain, I would have butter and one slice of bread"

Woman, age 69

the state. Study findings will help identify the demographic and other characteristics of food insecure older Tennesseans, perceptions and barriers to participation of existing nutrition programs, and potential interventions to better meet the nutritional needs of low-income older adults across the state. The third phase consisted of a random phone survey of 429 Tennessee residents ages 60 and older with landline telephones and a household income less than $35,000 per year. Of the 429 individuals interviewed, 21% (90) of those were food insecure. Among the food insecure, the following results were found:

- In the past year, they had to choose between buying food and
    - Medicine (62.9%)
    - Utilities (58.4%)
    - Transportation (31.8%)
- Some food insecure individuals could not get food because:
    - They did not have enough money (77.5%)
    - They had physical limitations (47.2%)
    - They had a lack of transportation (29.2%)

The results from Food Insecurity Study mirror the challenges reported in the broader statewide Older Adult Survey, where health, finances, and transportation were the most frequently mentioned challenges.

Tennessee Older Adult Housing Study

The growing number of older adults will strain existing housing, health and human services resources at all levels of the government. With this in mind, a coalition was formed that included staff from the Tennessee Housing Development Agency (THDA), Tennessee Commission on Aging and Disability (TCAD), United States Department of Agriculture (USDA) Rural Housing, local public and non-profit housing executives and state and local service providers, including various Area Agencies on Aging and Disability (AAADs). The coalition met periodically throughout 2016 to develop a report on this issue and the supporting research. Key outcomes are as follows:

- 38% of all senior renter households and 19% of all senior owner households are cost burdened. This holds true regardless of income; however, housing cost burdens worsen at lower income levels.
- Only 39% of very low income senior renter households are estimated to benefit from a project or tenant based rental subsidy in Tennessee. The gap in available affordable rental units/vouchers for very low income seniors is expected to grow over time.
- Funds for home modification grant programs, which may help low income senior homeowners afford improved energy efficiency or accessibility, are also estimated to fall short of need.
- Additional research is needed to identify what if any unmet need for home and community based services (HCBS) is present among the very low income senior population in Tennessee.
- Service coordination programs that link residents of affordable housing programs to essential services within the community offer promise as a strategy for helping very low income seniors age successfully in place and for reducing health care costs. However, funding for service coordinators in Tennessee is limited.

Chapter 4 – Challenges

The State of Tennessee will be facing many challenges in addressing the aging and disability populations according to the multiple data sources used to develop the **Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021.**These sources include input from TCAD and AAAD staff, a provider survey conducted during the Statewide Needs Assessment, and other publicly available data sources. The long-term challenge Tennessee faces will be the ability to keep up with the increasing demand for programs and services with stagnant or decreased funding. The number of Tennesseans ages 60 and older is projected to grow from an estimated 1,574,911 in 2017 to over 1,787,000 in 2021. Unless funding is increased, TCAD's ability to keep up with the demand for services will be compromised. Primary challenges Tennessee faces in addressing the needs of this growing population fall into two main categories: 1) fiscal limitations, and 2) capacity of programs and services.

Fiscal Challenges

The major long-term challenge facing Tennessee is funding. Funding from OAA has been relatively stagnant over the past decade, despite a rapidly growing population of older adults. Nationally, OAA had funding of $1.8 billion in 2004 compared to $1.9 billion in 2016. When considering consumer inflation, $1.9 billion in 2016 has less buying power now than it did 12 years ago. In addition, this stagnation in funding is not keeping up with the growth in the population of adults ages 60 and older. From 2004 to 2016 the population of older adults in Tennessee grew by 41% from approximately 1 million to 1.41 million. Despite this drastic growth, the funding remained relatively stable. Tennessee's population of adults ages 60 and older is projected to grow by an additional 53% by 2030. Without increased funding, the financial capacity of services will continue to be stretched thin.

This relatively stagnant funding is compounded by a relative uncertainty of its continuation. Despite reauthorization through 2019, OAA, like all discretionary programs, may face increasing pressure to cut spending. The current administration has stated they will drastically cut federal spending, primarily through non-military discretionary programs. Beyond OAA, other programs have been under pressure. During 2016, the Senate Appropriations Committee approved to eliminate all funding for the State Health Insurance Assistance Program (SHIP). Fortunately, SHIP was restored to full funding in the House. During the 2017 continuing resolution, this funding was cut by $5 million dollars nationwide. There have been speculations that this funding may again become a target in upcoming years.

Another layer of complexity is the requirement for federal funding to have matching state funds. Securing this match may be difficult if aging and disability are not prioritized. Additionally, numerous other state agencies have some responsibility and funding for providing aging and disability services in addition to TCAD. These agencies provide crucial services and each faces unique challenges (Attachment G)

Unfortunately, TCAD is not alone in the constraints from flat or decreasing funding. Among the 297 service providers surveyed for the statewide needs assessment, one in three stated that lack of funding was a significant barrier faced when providing services to older Tennesseans. This widespread lack of funding for older adult support programs continues to drive up waiting lists for many programs. This makes it difficult to find alternative short-term programs to serve individuals as they wait to get off waiting lists for more long-term solutions.

Capacity of Programs and Services

<u>Lack of Organizations, Services, and Providers in Some Communities:</u>

While there is a shortage of organizations, services, medical specialists and other providers across all parts of the state, this is particularly true in rural and mountainous areas. These areas may have hard to reach populations, lack of funding, pockets of poverty and high unemployment rates resulting in very little local funding. Approximately 18.9% (56) of surveyed service providers statewide stated that overall there was a lack of organizations or providers in their community. This is compounded by a lack of affordable transportation to other areas, making local resources even more critical. Services providers specifically mentioned challenges and unmet needs in the following areas:

- Transportation (39.7%): Transportation continues to be a challenge, especially in rural areas. While all 95 counties in Tennessee have public transportation, the need often exceeds capacity. More affordable, accessible, and flexible transportation services are needed.

- Nutritional Needs (27.9%): Food insecurity and nutritional needs are often more prominent among older adults than for others. While some may be food insecure due to lack of money to purchase food, others may be unable to access food due to lack of transportation, mobility impairments, or health conditions. While this need continues to grow, there are waiting lists for many nutrition programs.

- Financial (23.2%): Approximately 23% of Tennesseans ages 60 and older are below 150% of the Federal Poverty Level. Additionally, research suggests that 33% of Tennessee older adults have incomes falling between the FPL and the Elder Economic Security Index[1]. These individuals have incomes too high to qualify for many means-tested public benefits programs, yet too low to achieve intermediate or long-term economic stability. Many older Tennesseans and providers declared it difficult to afford prescription medicine, utilities, and/or food.

- Housing (22.2%): Affordable and accessible housing becomes a problem when the house is no longer able to accommodate a person. This may happen when an individual has become disabled, has stairs they can no longer navigate, lives in a house in an unsafe environment, and/or does not have access to services such as medical providers or grocery stores.

- Home and Community Based Services (HCBS) (20.5%): Due to the increasing number of older adults, the demand for HCBS continues to grow. Older adults prefer HCBS when compared to traditional nursing home placement. Additionally, HCBS is a cost effective option that costs significantly less than institutionalized placement.

- Health and Healthcare Access (16.2%): Providers often mentioned poor health and lack of healthcare access. This was often related to lack of geriatricians and other specialists within local communities.

- Social Needs (13.1%): Many providers mentioned social needs among older adults. Social connections are central to physical, mental, and emotional well-being. Without it, older adults may become isolated increasing risks for many health conditions.

- Caregiver Support (7.7%): Family (unpaid, informal) Caregivers provide care for older Tennesseans every day. To increase both capability and capacity there is a need to increase respite and other services to caregivers and to increase training for paid caregivers and family caregivers as well.

The lack of available services and programs makes locating, applying for, and enrolling in support services difficult. While local AAADs serve as single points of entry, providers, seniors, and caregivers may find it difficult to navigate the different agencies and providers.

Waitlists: The current capacity of TCAD and state departments and agencies to provide programs and services is inadequate when faced with the immediate needs of the aging population, resulting in waiting lists for all programs and services. Statewide, the OPTIONS Program currently has a wait list of nearly 10,000

"My mother lived with me for many years until the age of 96. At the time that I broke my arm, I needed help with my mother. I called the Commission on Aging and inquired about receiving help. I was told that I would be put on a 6 month waiting list. But I needed the help immediately."

70 year old Woman, Shelby County

[1] Mutchler, Jan E.; Li, Yang; and Xu, Ping, "Living Below the Line: Economic Insecurity and Older Americans Insecurity in the States 2016" (2016). Center for Social and tabl Research on Aging Publications. Paper 13. http://scholarworks.umb.edu/demographyofaging/13

individuals who need these services in order to remain in their home. Similarly, the home delivered meals program has a waitlist ranging from 6 months to 2 years depending on the district. During the statewide needs assessment, frustrations with waitlists were expressed by both older adults and service providers. In fact, among providers surveyed waitlists were the third most common barrier they faced in their efforts to serve older adults.

Additional Challenges identified by the data include restrictive rules and regulations, awareness of resources (among both providers and older adults), lack of communication between provider agencies, lack of participation by older adults, lack of family involvement, and ageism.

Chapter 5 - Planning for the Future

Goals, Objectives, Strategies, Performance Measures

As the number of adults ages 60 and older continues to grow, Tennessee must have a State Plan that utilizes all available resources, including both people and money, in the most efficient, effective and equitable way possible. Such a plan will require that solutions are:

- Collaborative - build on new and existing partnerships
- Diverse - provide a greater variety of services and programs to meet the needs of all populations
- Streamlined - create easier access to services and programs
- Data-driven - use data to inform decisions and track successes, and;
- Anticipatory - address both immediate needs of older adults and the needs of future older adults

However, this is only the starting point for TCAD. TCAD will continue to engage policy makers in decision-making processes that elevate the needs of adults age 60 and over and adults with disabilities to the forefront while recognizing the strengths and contributions of this population. TCAD will also continue to seek state and federal funding aimed at addressing the need for services. Despite budget concerns and other issues, TCAD will strive to maintain and expand quality services, programs, and staff.

The goals, objectives, strategies, and performance measures have been developed for the **Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021** utilizing the statewide needs assessment; TCAD's Strategic Plan (approved by the Commission Members), and the Public Hearing to be held May 17, 2017.

The following are the goals, objectives, strategies and performance measures for the **Tennessee State Plan on Aging.** These are based on funding sources (Older Americans Act and State appropriations) and a multifaceted approach of reducing the many unmet needs of older adults through advocacy and increased awareness.
(Please note that * denotes that the item comes from the Commission Strategic Plan; †denotes a priority as identified by TCAD, AAADs, and the Aging Network)

Older Americans Act Programs

Goal 1. Ensure that programs and services funded with federal Older Americans Act are cost effective and meet best practices.

Title IIIB

Objective 1. Provide *Information and Assistance* services that are easily accessible through telephone, email, and text messages.

- **Strategy 1.** Create and maintain Statewide Resource Directory.
- **Strategy 2.** Expand and improve technology to allow for secure text inquires to AAADs and TCAD.
- **Strategy 3.** Continue to ensure that all I&A staff are AIRS certified.

Measures/outcomes

a. By 2020, TCAD will research technology to allow for secure text inquiries to I&A line

b. All eligible I&A staff will have current AIRS certification at each annual review

Objective 2. Ensure access and efficiency to *case management* and *home and community based services.*

- **Strategy 1.** Expand the relationships of OPTIONS counselors with existing community organizations in an effort to promote referrals to the most appropriate and cost effective services and resources that meet the needs of the individuals we serve.
- **Strategy 2.** Continue to implement LEAN techniques to review and improve processes related to case management with particular attention to Action Plans and the involvement of the individual and their families in the development and implementation of these plans.
- **Strategy 3.** Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.

Measures/outcomes

a. By 2021, each AAAD will sponsor annual training opportunity for OPTIONS counselors and other community providers

b. By December 2019, TCAD will convene a work group of AAAD case managers to review and revise policies and procedures for Action Plans

c. By 2018, TCAD will convene a work group to standardize the language for the 4-year Area Plan RFPs

Objective 3. Leverage Older Americans Act *transportation* funding to expand community transportation resources such as those provided by the HRAs and senior centers.

Strategy 1. Compile database of transportation programs and mobility options. †

Strategy 2. Collaborate with partner agencies to bolster existing transportation infrastructure using Older Americans Act funds. †

Measures/outcomes

a. By December of each year, ensure annual update of Statewide Transportation Map to ensure better coordination of transportation programs, mobility options, and services for the aging and disability population.

Objective 4. Build partnerships and expand volunteer recruitment to allow senior centers to increase programming and activities that improve and maintain the quality of life through social, physical, and financial health.

Strategy 1. Encourage senior centers to utilize technology and nontraditional methods and settings to increase the center's reach and serve more individuals.

Strategy 2. Increase outreach to isolated seniors through various formal and informal sources of referrals including local police and fire departments, social service organizations, faith based organizations, family, peers, senior housing complexes, and media.

Strategy 3. Increase partnerships and volunteer support at senior centers in order to increase the number of older adults receiving telephone reassurance.

Strategy 4. Encourage and advocate for intergenerational programs.

Strategy 5. Build and expand partnerships to bring creative arts to senior centers.

Strategy 6. Increase capacity for activities for individuals with physical or cognitive limitations.

Measures/outcomes

a. By end of 2019, 50% of senior centers will have Facebook page or other social media presence

b. By 2019, 35% of senior centers will build partnerships will local school systems, Boys and Girls Club, Head Start Programs or other youth community providers

Objective 5. Increase awareness, leverage existing resources, locate new sources of funding, and increase outreach and education to reduce *abuse, neglect and exploitation* of the elderly and disabled.

Strategy 1. Increase capacity to handle more complex cases.

Strategy 2. Increase efforts to target services to elders with the most economic and/or social needs.

Strategy 3. Ensure cases involving priority legal issues are handled before non-priority legal issues.

Strategy 4. Develop legal assistance public outreach tools and materials

Strategy 5. Revise existing and develop new legal assistance program manuals, monitoring tools, and standards.

Measures/outcomes

a. By the end of 2018, revise the legal assistance program manual, monitoring tools, and standards.

b. Every year, the legal assistance program will be re-evaluated and updated as required by changes in laws, regulations, and best practices.

Title IIIC

Objective 6. Identify and implement strategies to improve cost efficiency for congregate and home delivered meals programs.

Strategy 1. Facilitate meetings with contractors and subcontractors to develop strategies to improve customer satisfaction and cost-effectiveness. *

Measures/outcomes

a. By 2021 nine (9) meetings will be held to develop plan for continuous quality improvement.

Objective 7. Expand *fundraising and volunteer recruitment* efforts to improve program capacity for congregate and home delivered meals.

Strategy 1. Working with nutrition partners, develop and implement strategies for recruitment of program volunteers to assist senior centers and nutrition sites with meal preparation and home delivered meal routes.

Strategy 2. Explore possible collaboration and cross-program volunteer recruitment.

Strategy 3. Working with nutrition partners develop and implement strategies to expand local fundraising using innovative outreach and marketing efforts.

Measures/outcomes

a. By December 2019 measure baseline level of volunteer engagement.

b. By 2021 collect outreach and marketing best practices and distribute to statewide partners and public.

Title IIID

Objective 8. Increase the availability and sustainability of *evidence-based programs* that improve quality of life, health, level of independence, and overall well-being

Strategy 1. Foster partnerships that promote access, funding, and development of evidence-based health promotion programs.

Strategy 2. Research additional evidence-based programming for statewide implementation with emphasis on falls prevention.

Strategy 3. Disseminate information about variety of choices in evidence based programming.

Strategy 4. Maintain CDSME Stanford multi-site license.

Measures/outcomes

a. By 2024, add three (3) new partners assisting in obtaining funding for evidence-based programs for adults 60 and over and adults with disabilities.

b. Annually, increase by one (1) percent statewide the number of consumers who participate in evidence-based programs as evidenced by the SAMS database

c. TCAD will complete annual report to maintain CDSME multi-site license

Title IIIE

Objective 9. Increase access to services and supports to *caregivers* in effort to assist family caregivers to continue providing care for their care receivers.

Strategy 1. Implement quarterly phone calls with AAAD staff who oversee the National Family Caregiver Support Program to discuss specific caregiving issues and how to best support the needs of caregivers facing these issues.

Strategy 2. Explore innovative ideas and models to support family caregivers specifically around respite services in an effort to serve more caregivers and reduce the waiting list.

Strategy 3. Continued partnerships with the Tennessee Respite Coalition (TRC) to ensure that the National Family Caregiver Support Program focuses on the needs of the caregivers and include the strategies developed in the Respite Strategic Plan to expand the availability of respite and support to caregivers.

Strategy 4. Develop and implement Caregiver University, an accessible on-line tool full of relevant information and videos that are designed to support caregivers in Tennessee.

Strategy 5. Monitor the quality of services provided through the National Family Caregiver Support Program.

Measures/outcomes

a. By 2019, work with the Tennessee Respite Coalition to implement the strategic plan developed through the Lifespan Respite federal grant

b. Conduct annual monitoring of the National Family Caregiver Support Program using standardized monitoring tools

Title VII

Objective 10. Identify and implement strategies to ensure that the ***Ombudsman*** program is effective and efficient in advocating for all patients in all long-term care facilities.

Strategy 1. Ensure that the data from the Ombudsmanager database is accurately recorded and in a timely manner and the data used to evaluate and improve the program.

Strategy 2. Ensure that all Ombudsman federal and state reports are submitted annually as required.

Strategy 3. Evaluate how to distribute funding for the Ombudsman program more efficiently and effectively taking into consideration the location of the long-term care beds.

Strategy 4. Provide monitoring and technical assistance for District Ombudsman programs to ensure that programs are meeting the goals and guidelines.

Strategy 5. Update the Volunteer Ombudsman Representative (VOR) manual and training materials to maintain the most current data available.

Strategy 6. Conduct volunteer on-line and face-to-face training in each district annually led by the State Long-term Care Ombudsman.

Strategy 7. Continue to stay updated on the emerging Ombudsman issues such as the role of the Ombudsman program in the Managed Long Term Care Support Services.

Strategy 8. Revise, if needed, the contract scope of service based on the revised policies and procedures for the Ombudsman program.

Strategy 9. Participate in Regional Survey Team meetings to build the relationship with the Department of Health.

Measures/outcomes

a. 100% of Ombudsmanager reports will be evaluated each quarter to ensure that all appropriate data has been collected.

b. By December 1 each year each district Ombudsman will be required to submit his/her annual report to the State LTC Ombudsman to ensure that the Federal Annual report is submitted on time.

c. State LTC Ombudsman will meet with the Financial Director on an annual basis to review the budget and determine funding for the program based on the amount and location of long term beds.

d. Each year the State LTC Ombudsman will make a visit to each district every year to meet with the volunteers, conduct trainings, and to ensure that all volunteers and District Ombudsman staff have the most up to date information.

e. The State LTC Ombudsman will attend the annual State LTC Ombudsman conference annually, and participate in calls and webinars from ACL, and other agencies to maintain the most current information.

f. All District LTC Ombudsmen will attend quarterly Regional Survey Team meetings for the grand region where their district is located.

g. The State LTC Ombudsman will attend all Regional Survey Team meetings to guide the program and facilitate the partnership.

h. All trainings, conferences, calls, webinar, and meetings will be documented in Ombudsmanager.

Objective 11. Support and enhance multi-disciplinary responses to *elder abuse, neglect, and exploitation* involving Adult Protective Services (APS), Ombudsman, legal assistance, law enforcement, healthcare professionals, and financial institutions.

Strategy 1. Partner with Tennessee Vulnerable Adult Coalition to implement initiatives that utilize identified best practices and maintain the social networking site for the purpose of disseminating elder abuse prevention information.

Strategy 2. Enhance the partnership with APS to build awareness of APS services and how citizens should contact APS for needed services.

Strategy 3. Identify and replicate successful public outreach campaigns/education and promote, and conduct public outreach, education, and awareness campaigns to reduce and prevent elder abuse, neglect and exploitation.

Strategy 4.

Strategy 5. Provide input and assistance (when requested) with Vulnerable Adult Protective Investigative Teams (VAPIT) to continue building relationships with District Attorneys, APS, and local law enforcement across the state.

Strategy 6. Develop and provide training and training resources for those involved in elder abuse, neglect, and exploitation prevention, investigation, and prosecution in partnership with stakeholders.

Strategy 7. Senior Medicare Patrol (SMP) in Tennessee will continue its efforts to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Measures/outcomes

a. By 2020, form at least one (1) new ongoing partnership among agencies involved in elder abuse, neglect, and exploitation prevention.

Objective 12. Use standardized tools for *information gathering, data analysis, and reporting* to evaluate activities carried out under the Older Americans Act.

Strategy 1. Ensure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.

Strategy 2. Ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.

Strategy 3. Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.

Strategy 4. Ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.

Strategy 5. Ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.

Strategy 6. Ensure financial accountability for funds expended through the Older Americans' Act, other federal and state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud and abuse.

Measures/outcomes

a. Ensure that Older Americans Act funding is serving the appropriate number of consumers as evidenced by AAAD contract scope of service outlining performance measures based unit cost

Partnerships and capacity building to reduce unmet needs

Goal 2. Develop partnerships with aging network, community based organizations, local governments, healthcare providers and state departments in order to advocate to reduce the gaps in services as identified in the needs assessment.

Objective 1. Increase the number and quality of senior *transportation* programs and numbers of seniors utilizing those programs. †

Strategy 1. Develop documentation on best existing senior transportation programs in Tennessee and other states. *

Strategy 2. Support and provide technical assistance in creating community-based, volunteer transportation models. *

Strategy 3. Develop an instructional guide that can be given to cities and other interested parties about the steps, financial costs, and resources needed to design and create a volunteer transportation program for seniors. *

Measures/outcomes

a. By 2021, add one (1) volunteer transportation initiative in each district.

b. By December of each year, ensure annual update of Statewide Transportation Map to ensure better coordination of transportation programs and services for the aging and disability population.

Objective 2. Increase access to affordable, accessible *housing* with appropriate services. †

Strategy 1. Partner with the Tennessee Housing Development Agency to create a State of Tennessee Interagency Task Force on Housing & Health Integration.

Strategy 2. Partner with other agencies to pilot bringing services to subsidized housing.*

Strategy 3. Promote and support the development of alternative housing and service models.

Strategy 4. Promote universal design principals.

Strategy 5. Encourage public and private development of suitable housing for older citizens and citizens with disabilities, designed and located consistent with their special needs and available at costs they can afford.

Strategy 6. Explore funding opportunities that support home modifications.

Strategy 7. Explore partnerships to ensure adequate access to emergency housing when needed.

Measures/outcomes

a. By 2019, create a State of Tennessee Older Adult Affordable Housing/Health Partnership.

b. By 2021, implement one (1) recommendation each year from the Joint Housing Report.

Objective 3. Through funding provided by the Model Approaches to Statewide *Legal Assistance* grant, develop and implement effective approaches for integrating cost-effective, well-integrated legal services into the existing statewide legal/aging service delivery networks to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice. †

Strategy 1. Conduct a legal needs assessment of seniors in Tennessee.

Strategy 2. Conduct a legal capacity assessment. *

Strategy 3. Conduct a statewide assessment of providers about the legal needs of seniors.

Strategy 4. Develop a senior legal helpline that is integrated with the existing legal services.*

Strategy 5. Develop tools and materials to assist in the effective and efficient delivery of legal assistance to seniors in Tennessee.

Measures/outcomes

a. Conduct and analyze a senior legal needs assessment of seniors in Tennessee as well as a legal capacity assessment and provider survey and conduct a webinar to present the data.

b. By the end of 2018, implement a senior legal helpline

c. By 2019, develop tools and materials that aid in the effective and efficient delivery of legal assistance to seniors.

Objective 4. Increase public awareness and strategies to alleviate *economic insecurity* among older Tennesseans.

Strategy 1. Increase capacity to assist in reducing economic insecurity through benefits outreach and counseling.

Strategy 2. Develop documentation and advocacy strategy concerning economic insecurity among older adults in Tennessee.

Strategy 3. Form partnerships throughout the state to address issues surrounding economic insecurity.

Strategy 4. Conduct outreach and training to adults with disabilities and adults ages 50 and older on financial planning for the future.

Measures/outcomes

a. By July 2018 create map of poverty rates among older adults in Tennessee.

b. By 2018 successfully launch benefits outreach program in at least two (2) districts.

c. By December 2018, 100% of I&A staff will have update training in financial assistance programs.

Objective 5. Advocate for and promote *dental care* for older Tennesseans. †

Strategy 1. Participate in and advocate for older adults during the development of the Tennessee Department of Health's State Oral Health Plan.

Strategy 2. Develop an information network to improve dissemination and advocacy on behalf of the overall issue to providers, older adults, and other appropriate organizations.

Strategy 3. Partner with AAADs, state programs, dental programs, and others to discuss access, affordability, and other issues and potential solutions concerning dental care.

Measures/outcomes

a. Attend State Oral Health meetings as requested by TN Department of Health.

b. By 2021, disseminate the State Oral Health Plan through Aging Network

Objective 6. Partner with other entities to create sustainable solutions to *food insecurity*.

Strategy 1. Review and analyze the data from the statewide senior hunger survey compiled by MTSU. *

Strategy 2. Using data from the hunger survey develop a list of suggested courses of actions for the Commission to consider.

Strategy 3. Work to ensure the successful launch and expansion of Senior SNAP outreach initiative. *

Strategy 4. Expand outreach efforts to ensure that potentially eligible older Tennesseans are able to make an informed decision about using benefits programs and are easily able to access them.

Strategy 5. Cultivate relationships with local, state, and national partners to generate additional funding and resources to support older Tennesseans in meeting their nutritional and social needs.

Strategy 6. Expand Volunteer recruitment.

Measures/outcomes

a. By August 2018, staff will analyze data from the MTSU study.

b. By December 2018, results will be distributed to key stakeholders

c. By July 2019, advocacy toolkit will be developed based upon results of data analysis of TN Older Adult Food Insecurity Study.

d. By 2018, analyze data in order to gauge effectiveness of Senior SNAP outreach grant.

Objective 7. Lead efforts for age-friendly and *livable communities*, by identifying best practices/standards for livability, creating a community self-assessment, and engaging local leaders in conducting the self-assessment.

Strategy 1. Develop and coordinate the distribution of a tool kit to cities across Tennessee that allows communities to both self-assess and understand best practices concerning livability.

Strategy 2. Work with partner agencies to advocate for and increase overall proportion of accessible buildings and services.

Measures/outcomes

a. By January 2020, publish statewide Livability across TN Toolkit.

b. By July 2020, distribute statewide Livability across TN Toolkit to all 95 counties

Objective 8. Collaborate with other State agencies and the Aging Network to develop *Elder Abuse Prevention* practices.

Strategy 1. Follow through with commitments to the Legislative Elder Abuse Task Force recommendations.

Strategy 2. Continue to lead and provide technical assistance to the group developing the Elder Abuse Field Guide for law enforcement, District Attorneys, Adult Protective Services and others involved in elder abuse, neglect, and exploitation prevention and prosecution.*

Strategy 3. Continue to lead and provide technical assistance to the Statewide Elder Abuse Coordinating Coalition.*

Measures/outcomes

a. By 2018, design and implement an Elder Abuse Field Guide for law enforcement, District Attorneys, APS and other involved in elder abuse, neglect, and exploitation prevention and prosecution.

b. Every year, continue to lead and provide technical assistance to the Statewide Elder Abuse Coordinating Coalition.

Objective 9. Continue to educate the Aging Network and the public about brain health, risk factors, early signs, symptom management, and resources for caregivers in order to develop *dementia capable* systems of care and communities.

Strategy 1. Train AAAD staff in Dementia Friendly Service (Person and Family Centered, self-direction, culturally appropriate).

Strategy 2. Broker the training of in-home care workers to identify and understand symptoms and manage puzzling or difficult behaviors.

Strategy 3. Promote early detection and early diagnosis by promoting annual wellness exam benefit and screenings.

Strategy 4. Promote brain health through community education and outreach.

Measures/outcomes

a. By 2020 design Dementia Friendly Services training.

b. By 2021 deliver training to a minimum of 9 trainers representing the Area Agencies on Aging.

c. By 2021 trainers will deliver at least 1 Dementia Friendly Training event to service partners in their region.

d. By 2021 outreach to home care service provider agencies to make them aware of the value of training and certification in dementia care.

e. By 2021 identify training (s) that certifies those who have passed dementia capable requirements for certification.

Objective 10. Develop partnerships and provide awareness and training to ensure that services are provided to older individuals and adults with disabilities in ***underserved communities***.

Strategy 1. Provide state wide training resources for I&A, senior center directors and service providers on inclusive service for the LGBT Community.

Strategy 2. Provide information on National Resource Center on LGBT Aging.

Strategy 3. Partner with LGBT Community on providing technical assistance and local resources.

Strategy 4. Evaluate regions throughout the state composed of large groups of non-English speakers and characterize basic needs and identify any potential information gaps.

Strategy 5. Increase outreach and communication efforts aimed at non-English speaking populations.

Strategy 6. Consider development of any culturally appropriate outreach efforts that could be most effective for non-English speaking populations.

Strategy 7. Translate existing outreach tools to Spanish and ensure circulation in non-English speaking communities.

Strategy 8. Ensure efforts are made to have identified minority populations with health disparities are included in health promotion activities, outreach, and partnerships.

Strategy 9. Promote policies and initiatives that improve minority health.

Strategy 10. Encourage public awareness of health issues affecting special populations including poor, underserved, rural, and minorities.

Strategy 11. Coordinate with the Tennessee Holocaust Coalition to develop and provide person-centered, trauma-informed training to service providers.

Strategy 12. Continue to monitor (through reported data) participation in TCAD directed programs to ensure that participants in services represent the general population of the area.

Strategy 13. Review Area Agency Plans to ensure that agencies are identifying and addressing disparities in service.

Strategy 14. Assertively seek opportunities to meet with diverse groups, listen and provide information about services that are available through TCAD.

Strategy 15. Develop partnerships with agencies that can refer to TCAD programs with confidence that the person will be treated with kindness and respect.

Measures/outcomes

a. By January 2021, publish and distribute toolkit on LGBT Aging throughout the Aging Network

b. By June 2019, I&A Program Director will provide training to all I&A Staff on LGBT Aging issues

c. By March 2020, develop training course for OPTIONS Counselors on LGBT Aging issues

d. By January 2021, translate all marketing outreach materials into Spanish

Objective 11. Advocate for Tennessee's older ***Veterans***.

Strategy 1. Participate in advocacy for veterans by working with the Tennessee Department of Veterans Services.

Strategy 2. Ensure that AAADs are referring veterans to Tennessee Department of Veterans Services regional offices to ensure that veterans are receiving all benefits for which they are eligible.

Measures/outcomes

a. By December 2018, 100% of I&A staff will have update training in VA referral programs.

Objective 12. Increase public awareness and strategies to improve *falls prevention* among older adults.

Strategy 1. Build capacity for local collaboration through Falls Prevention Coalition quarterly phone calls.

Strategy 2. Raise awareness and disseminate information about home safety practices and options for caregivers and older adults to reduce falls.

Strategy 3. Expand the falls prevention evidence-based program infrastructure.

Measures/outcomes

a. By 2021, add one (1) evidence-based falls prevention initiative in each district.

b. By December 2019, increase number of individuals participating in Falls Prevention Coalition.

Objective 13. Continue Investment in *"No Wrong Door"* strategy by partnering with State agencies to advocate for services for older adults and adults with disabilities, improve response time and improve skills in making efficient referrals to state and contracted services.

Strategy 1. Develop and implement a webinar for state employees on TCAD services. *

Strategy 2. Develop speakers bureau on aging and disability issues and publicize the awareness of speakers on the TCAD website.

Measures/outcomes

a. By 2019, Executive Director will conduct three (3) statewide webinars about aging issues and TCAD services

b. TCAD speakers bureau will be compiled and updated annually

Objective 14. Emphasize efforts to increase awareness and utilization of *clinical preventive services* among older Tennesseans.

Strategy 1. Include Medicare preventive services information in SHIP/TCAD outreach events.

Strategy 2. Update and disseminate Medicare preventive services flyer as needed.

Strategy 3. Explore partnerships with Partners for Health to provide data and education on the planned new Diabetes Prevention Program benefit now being offered to Medicare beneficiaries and state employees.

Measures/outcomes

a. By 2019, disseminate Medicare preventative services flyer to 1,000 older adults.

Objective 15. Using evidence informed resources, develop an education, prevention and pre-intervention program to raise awareness and promote resources to prevent older adult *suicide*.

Strategy 1. Educate agencies and communities that suicide is a preventable health problem.

Strategy 2. Promote awareness that asking for help is OK.

Strategy 3. Promote the message that help is available.

Strategy 4. Train aging network staff in the QPR (Question – Persuade – Refer) curriculum.

Measures/outcomes

a. By December 2017 100% of I&A staff will be trained in the QPR curriculum.

b. Conduct suicide prevention social media campaign yearly.

State Funded Programs

Goal 3. Ensure that programs and services funded by State allocations are cost effective and meet best practices.

Objective 1. Ensure access and efficiency in the OPTIONS program *(home and community based services)*.

Strategy 1. Expand the relationships of OPTIONS Counselors with existing community organizations in an effort to promote referrals to the most appropriate and cost effective services and resources that meet the needs of the individuals we serve.

Strategy 2. Continue to implement LEAN techniques to review and improve processes related to case management with particular attention to Action Plans and the involvement of the individual and their families in the development and implementation of these plans.

Strategy 3. Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.

Strategy 4. Review options for continued support and funding of the OPTIONS program to address the needs the individuals on the waiting list for services.

Strategy 5. Develop person-centered training for OPTIONS counselors.

Measures/outcomes

a. By 2021, each AAAD will sponsor annual training opportunity for OPTIONS counselors and other community providers

b. By December 2019, TCAD will convene a work group of AAAD case managers to review and revise policies and procedures for Action Plans

c. By 2018, TCAD will convene a work group to standardize the language for the 4-year Area Plan RFPs.

d. By 2021, design person-centered training for OPTIONS counselors.

Objective 2. Continue the *Public Guardianship* for the Elderly Program to assists those referred by the Court who are 60 years of age or older and are unable to manage healthcare and/or financial decisions.

Strategy 1. Increase public awareness of the Public Guardianship program.

Strategy 2. Redesign the Public Guardianship program and policy manual including new forms.*

Strategy 3. Revise Public Guardianship monitoring tools and data spreadsheets.*

Measures/outcomes

a. By 2018, design and release new Public Guardianship for the Elderly Program brochures.

b. By the end of 2017, revise all Public Guardianship tools, manuals, spreadsheets, and forms.

Objective 3. Use standardized tools for *information gathering, data analysis, and reporting* to evaluate activities provided with state allocations.

Strategy 1. Ensure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.

Strategy 2. Ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.

Strategy 3. Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.

Strategy 4. Ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.

Strategy 5. Ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.

Strategy 6. Ensure financial accountability for funds expended through state resources including collection of client liability and documentation of cost of services rendered, including protecting public funds from waste, fraud and abuse.

Measures/outcomes

a. Ensure that TCAD State allocations are serving the appropriate number of consumers as evidenced by AAAD contract scope of service outlining performance measures based unit cost

Advocacy and Cultural Awareness

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs and services in order to be able to make informed decisions about living healthy and independent for as long as possible and about planning for their financial futures, healthcare access, and long-term care.

Objective 1. SHIP - Provide objective one-on-one counseling, and assistance on *Medicare*, Medicaid and all other health insurances for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach.

Strategy 1. Conduct Medicare training for state employees.*

Strategy 2. Maintain a cadre of trained SHIP counselors and volunteers in each district.

Strategy 3. Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging.

Strategy 4. Design and implement community outreach to individuals eligible for Medicare with emphasis on targeting hard to reach populations such as low income, rural, and native non-English speaking populations.

Strategy 5. Assist beneficiaries with finding affordable prescription drugs plans; screen and provide application assistance for low income subsidy or Medicare Savings Program.

Strategy 6. Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services.

Measures / outcomes

a. By 2019 research and analyze demographic data for each region of the state to identify vulnerable populations.

b. Yearly host Medicare training for state employees.

c. By 2019, develop healthy aging social media campaign focused on Medicare and related insurance benefits.

d. 100% of volunteers will complete update training yearly

Objective 2. Direct the attention of local and state key decision makers, as well as the public, to the needs of seniors in Tennessee through increased communication and *advocacy* via publications and online resources.

Strategy 1. Direct attention to issues affecting older adults through outreach using "The State of Aging in Tennessee: A County by County Snapshot". *

Strategy 2. Organize and lead statewide social media campaigns to direct attention to and promote healthy living among older adults. *

Strategy 3. Host statewide webinars to review relevant data on aging issues. *

Strategy 4. Continue to update and make improvements to the TCAD webpage.*

Strategy 5. Increase support to seniors and caregivers by creating and distributing information on crucial topics in a Community Resource Guide.*

Measures/outcomes

a. Ensure annual update and distribution of "State of Aging in Tennessee"

b. By 2019, Executive Director will conduct four (4) webinars

c. By 2019, update and distribute 2,000 additional copies of Community Resource Guide

Objective 3. Continue to assist the statewide efforts to raise awareness about *advance directives.*

Strategy 1. Develop training and materials for state and aging network staff for the purpose of providing workshops or presentations on advance directives to the public.

Strategy 2. Develop a plan for conducting workshops and presentations to assist the public across the state in making their own decisions and developing their own advance directives.

Measures/outcomes

a. By 2019, ensure that information and training regarding the need for advance care directives is available to seniors and their families.

Chapter 6- Quality Management

In order to maintain the quality in programs, TCAD utilizes the goals of quality improvement within a continuous cycle through use of standardized tools to evaluate activities carried out under the Older Americans' Act as well as state and local funds.

The goals of quality improvement are:

1) To ensure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.
2) To ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.
3) To ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.
4) To ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.
5) To ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.
6) To ensure financial accountability for funds expended through the Older Americans' Act, other federal and state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud and abuse.

Quality Management is based upon three key areas:

1) Collection and maintenance of accurate data and records
2) Remediation of problem areas
3) Continuous Improvement

Collection and Maintenance of Accurate Data and Records

TCAD evaluates the quality and appropriateness of supportive services administered by the subrecipients (AAADs) through on-site monitoring visits and/or desk reviews; performance data validation, policy guidance, technical assistance, and training. Examination of fiscal practices in regards to tracking expenditures and assessing the internal controls is also essential feature of monitoring.

On-site monitoring focuses on the AAADs program compliance, internal control, administrative and fiscal functions. Following each on-site review, TCAD provides the AAAD with a report detailing any monitoring findings. When the monitoring results in findings, the AAAD will submit a plan of correction (POC) to TCAD documenting how the findings will be rectified. TCAD will work with the AAAD to ensure all findings are addressed.

Retrospective audits of the AAADs may also be performed to determine the accuracy of financial closeout reports, adequacy of internal accounting and administrative controls, compliance with applicable laws, regulations, and contract requirements.

TCAD routinely checks on a quarterly basis subrecipient performance data, budgets, expenditures and at year-end, providing each AAAD with reports detailing all questionable and missing performance data. These reports can assist the AAAD in resolving or explaining discrepancies in data submissions. TCAD is available to the AAADs for technical assistance to ensure complete and accurate data are entered into Tennessee's National Aging Program Information System (NAPIS) State Report Tool (SRT).

TCAD analyzes both financial and performance data to identify patterns that may indicate the need for further attention. To support improved program compliance and performance, TCAD provides AAADs with written guidance, and ongoing technical assistance via conference calls and on-site visits. TCAD targets these efforts as necessary to address emerging issues

Remediation of Problem Areas

TCAD conducts on-site program and fiscal monitoring of all grantee agencies using approved monitoring tools. Within 30 days of the site visit, TCAD submits the written final monitoring report to the grantee agency. A copy of the report is also filed with the Tennessee Comptroller's Office. Upon receipt of the report, the grantee agency has 30 calendar days to respond to any findings with a plan of correction. TCAD reviews the plan of correction and informs the grantee agency of approval or if it needs to be resubmitted. TCAD provides technical assistance and follow through with the grantee agency to ensure that the plans of correction are implemented.

Continuous Improvement

Using accurate and complete data collection and remediation of problems areas, TCAD aims to maintain a cycle of continuous quality improvement through systematic and continuous actions that lead to measurable improvements. This approach builds upon the goals of quality improvement by emphasizing the organization and its systems. We strive to use data to continually analyze and improve processes, with a focus on processes and outcomes.

Attachments and Tables

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Attachment B. Information Requirements
Attachment B.1 Continuity of Operations Plan (COOP)
Attachment B.2 Disaster Operations Guide
Attachment C. Intrastate Funding Formula Requirements
Attachment D. State of Tennessee Policy of Non-Discrimination
Attachment E. Demographic Data
- *Table 1 - Demographic Characteristics of Tennesseans ages 60+*
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Attachment F. Needs Assessment
Attachment F.1 Needs Assessment Contents
Attachment F.2 Intro, Purpose and Scope
Attachment F.3 Older Adult Survey Instrument
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Attachment F.7 - Service Provider Survey Results
- *Table 9 – Demographic Profile of Service Provider Survey Participants*
- *Table 10 – Service Provider Responses Question 1*
- *Table 11 – Service Provider Responses Question 2*
- *Table 12 – Service Provider Adult Responses Question 3*
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Attachment G. Input from Other State Agencies
Attachment H. Aging Network
Attachment I. Map of Area Agencies on Aging and Disability
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Attachment K. Cost Sharing Rule
Attachment L. Financial Plan
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Attachment N. Goals Workbook
Attachment O. Public Hearing

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOTREQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THATSTATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency: (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicableto grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions;or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Kim Shulman, Executive Director — May 25, 2017

Signature and Title of Authorized Official — *Date*

Attachment B

Information Requirements

Section 305(a)(2)(E)

The mechanisms for assuring that preference will be given to providing services to older individuals with the greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) include:

1. The Intrastate Funding Formula is weighted to address the population age 60 and over; low-income elderly; low income minority elderly; elderly living in rural areas, and the population age 80 and above.
2. The State Unit on Aging is in compliance with Title VI (Civil Rights) and submits a Title VI Implementation Plan to the Tennessee Commission on Human Rights annually for approval. The plan includes how outreach and services are provided and monitored in each district annually.
3. The Area Plans include a section on "Targeting" low-income, rural and minority populations.
4. Monitoring activities include the evaluation of persons served who are low-income, rural, and/or minority.

Section 306(a)(17)

The mechanisms for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery include:

1. The Tennessee Emergency Management Agency (TEMA) requires that all state agencies have a Department Operational Guide (DOG) and a Continuity of Operation Plan (COOP). TEMA requires that each state agency designate an Emergency Services Coordinator (ESC) who serves as the staff who has the authority to coordinate emergency services under the auspices of the agency. TEMA also requires that the ESC has completed the TEMA certification training.
2. The SUA has a certified ESC and an alternate.
3. The SUA has a DOG and a COOP (emergency preparedness plans).
4. All Area Plans contain a section on Emergency Preparedness.
5. Each AAADs and senior center is required to have an Emergency Preparedness Plan that is reviewed by the State ESC.

Section 307(a)(2)

1. The SUA develops the budget categories for the budgets contained in each Area Agency Plan. The budget categories include:
    a. Planning and Administration

b. III-B Supportive Services (including information and assistance, senior centers, legal services, ombudsman, transportation, in-home services; adult day care)
c. IIIC-1 Congregate Meals
d. IIIC-2 Home Delivered Meals
e. IIID- Preventive Health
f. IIIE-Family Caregiver
g. VII-Ombudsman; Elder Abuse
h. OPTIONS HCBS (state funds)
i. Other

2. Area Plan budgets are approved by the Fiscal Director as part of the annual Area Plan approval process.

Section 307(a)(3)

In regard to services for older individuals residing in rural areas, 15% of the Intrastate Funding Formula is weighted for rural elderly. 15% of the total funds projected for FY2017 and the next 3 years that is targeted for the rural elderly would be $3,613,620 (OAA total $24,090,800).

Section 307(a)(10)

The Intrastate Funding Formula is weighted and takes the needs of older individuals living in rural areas into consideration. The weights are as follows: population over age 60 is 35%; low income elderly is 30%; low income minority elderly is 10%; elderly living in rural areas is 15%; and population age 80 and over is 10%. According to the Social Assessment Management Software (SAMS) database records, 92,797 individuals received AoA registered services, non-registered services, and family caregiver services in FY2016. Of those individuals served 45,074 resided in rural areas (49%).

Section 307(a)(14)

The number of low-income minority older individuals in Tennessee is 20,132 and 2.1 % of all people living in Tennessee do not speak English. As described above in Section 305(a)(2)(E), the Title VI Implementation Plan describes outreach to low-income minority older individuals and individuals with limited English proficiency. The State has a contract with Avaza Language Services Corporation for translation services. The translation service is available at all AAADs. Posters are displayed prominently at the SUA and AAADs that list the 23 languages that can be translated by the service along with directions on how staff can access the services.

Section 307(a)(21)

There is no identified Native American tribe or reservation in Tennessee. According to the Native American Indian Association of Tennessee, there are 10,000 Native American residents in Tennessee. The Association states that “there has been no state or federal recognition of the Indian population and no services directed to them.”

Section 307(a)(29)

As described above in Section 306(a)(17), the SUA has an emergency preparedness plan called the Departmental Operational Guide and a Continuity of Operation Plan as required by the Tennessee Emergency Management Agency.

Section 307(a)(30)

As described above in Section 306(a)(17), the SUA follows the lead of the Tennessee Emergency Management Agency (TEMA) which requires all State Departments to have a Departmental Operational Guide and a Continuity of Operation Plan. The State Department of Health is required to have the plans and the coordinating entity is TEMA.

Section 705(a)(7)

As described in Attachment F, a statewide needs assessment was conducted in 2016 and consisted of the results of these surveys, data collected during TCAD's Food Insecurity Study, housing study, comments made during the Public Hearing, review of current literature, and a review of the previous data provided by the State Plan 2014-2018. Participants included citizens, the aging network, and stakeholders. The information was analyzed and the top ten needs were identified. The goals and objectives of the State Plan target the needs identified. A public hearing was held on the State Plan in which the identified needs and goals and objectives were discussed. Area Agencies are required to hold public hearings prior to the submission of the 4-year area plan and in each year if there are significant changes.

The Area Plan format includes goals and objectives for the Elder Rights program, Ombudsman, and Legal Assistance.

The SUA developed and routinely up-dates its *Program and Policy Manual* in which all programs administered by the SUA are outlined and policies issued, including fiscal policies and procedures. From time to time, as policies need to be revised, workgroups are comprised of SUA staff and Area Agency staff to make recommendations. Program Instructions are issued to the Area Agencies and contractors when changes take place.

CONTINUITY OF OPERATIONS PLAN (COOP)

CONCEPT OF OPERATIONS

I. Objectives and Specifics

The objective of this plan is to ensure that a viable capability exists to continue essential agency functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The specifics of this objective include:

A. Protecting essential facilities, equipment, records, and other assets;
B. Reducing disruptions to operations;
C. Identifying and designating principals and support staff to be relocated;
D. Facilitating decision-making for execution of the Plan and the subsequent conduct of operations; and
E. Achieving a timely and orderly recovery from the emergency and resumption of full service to all older Tennesseans.

II. Planning Considerations and Assumptions

In accordance with Federal guidance and emergency management principles, a viable COOP capability must:

A. Be maintained at a high-level of readiness;
B. Be capable of implementation both with and without warning;
C. Be operational no later than three hours after notification; and
D. Maintain sustained operations in an alternate facility for up to 30 days, if necessary.

Tennessee's elder population is rapidly increasing and placing greater demands on the network of social service agencies. Following a disaster, the burden placed on the aging network becomes larger as older adults who ordinarily are self-sufficient, turn to local agencies for assistance and guidance.

The function of state, regional, and local agencies in disaster preparedness, response, recovery, and mitigation procedures is to address and meet the needs of older citizens through the coordination of mutual assistance. Cooperation and coordination in the aging network ensures all agencies will provide effective disaster relief services. The Continuity of Operations Plan encompasses agency responsibilities in the event of a disaster, natural or manmade, and its impact on older persons. **During times of disaster emergency preparedness procedures will take precedence over normal duties.**

The COOP will be reviewed and updated annually reflecting the changes in department and emergency management procedures.

Planning Considerations

In the event a major or catastrophic event, natural or manmade, such as earth quakes, tornadoes, floods, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, bio-terrorism and hazardous materials have occurred:

A. The first 72 hours are the most critical for all Mass Care functions;

B. The Commission directs the Area Agencies on Aging to implement their Continuity of Operations Plan and, in turn, the AAAD directs the Local Service Providers to implement their Plans;
C. The ESC or alternate completes the call-down procedures to the Area Agencies on Aging and Disability and/or Local Service Providers in the potential impacted area;
D. Area Agencies on Aging and Disability and Local Service Providers will call down or home visit all at risk, in-home, community based, older consumers in the potential impacted area;
E. Area Agency on Aging and Disability and Local Service Provider personnel will ensure the services to their consumers will not be interrupted and will assist, if possible, at special needs shelters; and
F. Ensure delivery of shelf stable meals for consumers who remain in their homes.

Assumptions

This plan will be implemented when emergency conditions are apparent. This will allow response and recovery actions to be implemented quickly and efficiently. In the event of a major or catastrophic event, natural or manmade, the State Emergency Operations Center will be fully activated and the following will occur:

A. The Governor issues an Executive Order declaring a state of emergency. This order will direct Tennessee Emergency Management (TEMA) to implement Tennessee's Comprehensive Emergency Management Plan and, if necessary, the Continuity of Operations Plan;
B. The Governor requests activation of the Federal Response Plan. The Federal Emergency Management Agency (FEMA) coordinates and deploys federal resources to the State Emergency Operations Center; and
C. The Governor requests federal disaster assistance to supplement state and local emergency resources.

Agency's Capacity and Response Capability

A. Area Agencies and Local Service Providers have existing memorandums of agreement with neighboring counterparts to assist with providing services in the event they are overwhelmed;
B. There are a number of identified service provider personnel who are available for shelter management training;
C. Service provider personnel to assist with staffing of special needs shelters, if possible;
D. Area Agency on Aging and Disability Trained staff throughout the state available to staff Human Needs Assessment Teams, Community Relations teams and Disaster Recovery Centers;
E. Currently there are a number of volunteers throughout the state who can assist in recovery efforts on behalf of older Tennesseans disaster victims from the following programs: Adult Day Care, Congregate Meals, Consumer Education/counseling, Counseling, Education, TNVOAD, Friendly visitation, Fundraising, Health promotion, Home delivered meals, Homemaker, Home repair/chore, Information /Referral/Assistance, Legal assistance, Telephone reassurance, Transportation, TRA, Red Cross, Salvation Army, 211 (the 211 helpline system has the capability to accept calls for older Tennesseans who may need assistance).

Computer Network Systems Capability

A. Servers are backed fully on a daily basis.
B. The latest weekly copy of the full backup is stored offsite servers can be restored by using the full backup.
C. Restoration of operating environment would consist of simply reloading backups and restarting. If any equipment is destroyed, the equipment can be replaced, reloaded with backups and restarted.

D. Periodic testing has ensured the process works properly.

III. COOP Execution

Emergencies, or potential emergencies, may affect the ability of TCAD to perform its mission essential functions from the Headquarters. The following could mandate the activation of the TCAD Plan.

A. TCAD headquarters is closed to normal business activities as a result of an event (whether or not originating in the Headquarters office) or credible threats of action would preclude access or use of the office and the surrounding area.
B. The area is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attack(s). Under this scenario there could be uncertainty regarding whether additional events such as a secondary explosion or cascading utility failure could occur and TCAD will have to activate this plan.

In an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate the area as a precaution, the Emergency Service Coordinator Officer in consultation with the Executive Director will activate the TCAD COOP Plan. TCAD will be composed of selected essential staff members who possess the knowledge, skills and abilities to perform TCAD mission essential functions. This group will conduct operations remotely from the alternate facility and will be responsible for continuing mission essential functions of TCAD for a period up to 30 days pending regaining access to the Agency's office.

The alternate facility will be a designated fixed site or a leased facility that will accommodate the Relocation Group. If the headquarters office is inaccessible the alternate facility will be utilized.

When the headquarters office is again ready for occupancy, the performance of the mission essential functions will be transitioned back to the headquarters office.
Such incidents could occur with or without warning and during duty or non-duty hours. Whatever the incident or threat, the TCAD COOP Plan will be executed in response to a full-range of disasters and emergencies, to include natural disasters, terrorist threats and incidents, and technological disruptions and failures.

It is expected that, in most cases, the Emergency Service Coordinator will receive a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of The TCAD COOP Plan with a complete and orderly alert, notification of all personnel, Area Agencies on Aging and Disability and Local Service Providers.

When an emergency occurs without warning, the process becomes less routine, and potentially more serious and difficult. The ability to execute the TCAD COOP Plan following an incident that occurs with little or no warning will depend on the severity of the incident's impact on the physical facilities and whether personnel are present in the TCAD office or in the surrounding area.

Positive personnel accountability throughout all phases of emergencies, to include the COOP, is of utmost concern, especially if the emergency occurs without warning, during duty hours. TCAD Evacuation Plans should include accountability of personnel.

IV. Emergency Procedures

When an emergency occurs within Tennessee affecting the health and safety of Tennessee's older persons, the Agency will enact the following procedures as support agency to the State's Comprehensive

Emergency Management Plan and assists the impacted local AAAD. Each office within the Agency may be called upon to assist at the Agency, County Emergency Operations Center and in the field. A key component is the call down procedures to the Local Service Providers at risk in a disaster or emergency.

If the emergency is a tornado, notices of various levels are announced by the National Weather Service or additional information and/or actions are taken by the State Emergency Operations Center, the following describes the flow of action to be taken by Agency staff members. The Tennessee Emergency Management Agency (TEMA) monitors all state activities in the state 24 hours, 7 days a week. All Emergency Services Coordinators and alternates are on call 24 hours, 7 days a week.

If the emergency is a terrorism or bio-terrorism attack, there will possibly not be a warning prior to the attack. In this case the TEMA will go immediately to full activation. TEMA will be the lead agency in the case of an Earthquake, tornado, nuclear emergency, terrorism or bio-terrorism attack.

When an emergency is anticipated:

A. The (TEMA), State Emergency Operations Center, and State Emergency Response Team are activated.
B. The Aging Emergency Services Coordinator receives notification cell phone, home phone and e-mail).
C. At each level of activation, the ESC notifies Tennessee Commission on Aging and Disability's Executive Director, who then informs the Area Agency on Aging and Disability Emergency Coordinating Officers.
D. In the event of headquarters having to relocate to an alternate facility, the relocation group will be activated.
E. In the event of the Area Agency on Aging and Disability having to relocate to an alternate facility, the Agency's relocations group will be activated.
F. Depending on the level of activation at the State Emergency Operations Center, the following may be required:

Level 3 Activation: Primarily informational; State Emergency Operations Center and ESC monitors situation. Division of Emergency Management makes notifications to key personnel in selected Emergency Support Functions via conference calls, pages, E-mails and phone calls.

Level 2 Activation: Partial activation; State Emergency Operations Center and all Emergency Support Functions are activated. The State Emergency Response Team members are requested to report to SEOC. Emergency Services Coordinator and/or Alternate Emergency Service Coordinator Officer will report to State Emergency Operations Center, as needed.

a. Formal message documentation begins.
b. The Emergency Service Coordinator begins call downs to Area Agency on Aging and Disability Emergency Coordinating Officers, who in turn will begin call downs to the Local Service Provider Emergency Coordinating Officer in potentially affected areas and updates on a regular basis.
c. The ESC, Alternate ESC will notify and update, TCAD headquarters, in order for them to notify field staff in potential impacted areas.

Level 1 Activation: Full activation; State Emergency Operations Center is operating 24 hours a day, 7 days a week. In the event of a major or catastrophic event, terrorist attack or bio-terrorism, the State Emergency Operations Center will immediately be activated at this level. The following will occur:

a. Response and recovery efforts begin.
b. Federal Emergency Management Agency (Federal Emergency Response Team) involvement is anticipated.
c. Selected ESC staff members will report, if requested, to State Emergency Operations Center and provide staffing as long as needed.
d. Normal Disaster Preparedness and Operations daily activities will cease during any emergency or disaster event.
e. The TCAD Emergency Service Coordinator or Alternate Emergency Services Coordinator completes or notifies a designee within the department to complete the Department's *Preparation to Implement Emergency Relief Measures* Once approved by the Executive Director, Assistant Director or designated the following occurs:

    1. Area Agency on Aging Emergency Services Coordinators contacts Local Service Providers.
    2. Local Service Providers implement their COOP Plan and call down to clients as required.
    3. After call downs have been completed, Local Service Providers call Area Agency on Aging Emergency Coordinating Officers with results of call downs of operational activities.
    4. Area Agency on Aging Emergency Coordinating Officers contact the Department's Emergency Coordinating Officer with results of call downs and operational activities.
    5. If the event occurs during business hours, staff will begin Agency shutdown and evacuation procedures. Special instructions will be given as required.
    6. If the event occurs outside of business hours, staff will be given instructions by their supervisor if and when they should report to the Agency to implement shutdown procedures. Staff should call the agency's main phone number and/or their voice mail for any messages regarding the closing and reopening of headquarters. Staff should also monitor local media for latest updates.
    7. In the event of a terrorist or bio-terrorism attack in the Nashville Tennessee area and has impacted the headquarters office and causes the immediate evacuation of headquarters, the Department will immediately activate its COOP Plan to relocate to an alternate site, if indicated.

Post-Disaster Response/Recovery

A. Area Agencies on Aging and Disability and Local Service Providers will call down or home visit all at risk, in-home, community based, older Tennessee clients in the potential impacted area;
B. Area Agency on Aging and Disability and Local Service Provider personnel will ensure the services to their clients will not be interrupted and will assist, if possible, at special needs shelters; and
C. Ensure delivery of shelf stable meals for clients who remain in their homes.

V. Area Agency on Aging and Disability Office Roles – Key Staff

The Area Agency on Aging and Disability provides staffing of the County Emergency Operations Center, as needed.

Note: Normal Disaster Preparedness and Operations daily activities will cease during any emergency or disaster event.

Area Agency on Aging and Disability or Local Service Provider's office may be advised to remain at or return home pending further instructions. A COOP activation will not, in most circumstances, result in a change of duty location affecting pay and benefits.

RESPONSIBILITIES OF KEY TCAD STAFF

A. Executive Director or Back-up to Emergency Services Coordinator shall:

1. Be fully aware of all the responsibilities of the ESC.
2. Be well versed in the Area Agency's Emergency's Plan.
3. Coordinating Component's Disaster Preparedness and Recovery Plans.
4. Keep Executive Director and/Commission members informed about Area Agency Disaster Preparedness and Recovery Plans.
5. Notify TCAD Executive Director of Agency's plans at time of impending disaster.
6. Execute responsibilities of Emergency Service Coordinator.
7. Ensure that the Area Agency property insurance is adequate and up-to-date.
8. Facilitate release of funds, on a yearly basis, for any needed emergency and recovery purchases/supplies.

B. MIS Director shall:

1. Establish procedures for the shut-down of system server.
2. Ensure that the designated staff is trained in all procedures.
3. Maintain and convey to the ESC any MIS emergency preparation and planning decisions reached by AAAD.
4. Protect all Area Plan documents and files.
5. Assist the ESC with the call-down of service providers.

C. Fiscal Staff shall:

1. Plan for all disk and hard copy back-up of fiscal operations, such as, fiscal records, accounting program data, and provider reports SAMS and Beacon reports, and monthly data and spreadsheets.
2. Prioritize which records, ledgers, etc. must be packed and/or removed from the premises. Maintain hard copy list of the same, to become an attachment to this plan.
3. Color code financial records to be packed/protected.
4. Protect provider contract records and documents.

D. Support Staff shall:

1. By June 1 of each year, check all boxes of recovery supplies to ensure contents are in working order and not outdated. Maintain an inventory of these supplies.
2. Procure any needed/replacement supplies by June 1 of each year, once the list has been approved by the ESC and the Chief Fiscal Officer.

E. Executive Assistant shall:

1. Review and update on a yearly basis, the list of all Commission documents/files to be safeguarded in the event of an emergency/disaster.
2. Protect all TCAD contracts.
3. Assist the ESC in updating the staff Telephone Tree.
4. Produce the Disaster I.D. Badges.

F. Floor Wardens shall:

Pack/protect file cabinets that include special program and special event materials, documents, contracts and computer disks.

G. Director of Human Resources (with the assistance of ESC) shall:

1. Include disaster preparation materials in each new staff person's orientation packet.
2. Require each staff person, to fill out the TCAD Agency Personal/Family Disaster Preparedness Plan". Update each plan yearly.
3. Develop a Telephone Tree, Utilize Experience Corps and ESC for disaster education outreach, prior to and during the Tornado Season.
4. Utilize Red Cross, RSVP and TNVOAD volunteers to assist with support after a disaster.
5. Staff members will compile a list of volunteers willing to assist in shelters, centers, etc.

VI. Alternate Facilities

The determination of an alternate facility will be based on the incident or threat. If TCAD headquarters only is inaccessible and there is no threat.

VII. Mission Essential Functions

It is important to establish priorities to ensure that the relocated staff can complete TCAD mission essential functions. All divisions and sections shall ensure that their essential functions can continue or resume as rapidly and efficiently as possible during relocation. Any function not considered essential will be deferred.

VIII. Delineation of Mission Essential Functions

It is important to establish priorities prior to an emergency to ensure that the relocated staff can complete TCAD mission essential functions. All Division/section heads shall ensure that their essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed essential must be deferred until additional personnel and resources become available essential functions.

IX. Overview of Disasters

This section provides a brief overview of common disasters anticipated and conditions expected during a disaster, natural or manmade, such as floods, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, bio-terrorism and hazardous materials. In the event of a disaster, the local county office of emergency management will determine if evacuation is necessary and how to proceed with the evacuation.

Catastrophic disasters will require massive state and federal assistance, including immediate military involvement; **major disasters** will exceed local capabilities and require a broad range of state and federal assistance; and **minor disasters** will be within the response capabilities of local government and result in only a minimal need for state and federal assistance. **Catastrophic or major terrorism and/or bio-terrorism attacks** will require massive state and federal assistance, including immediate military involvement because of the nature of these attacks.

1. Catastrophic Emergency Conditions

The capabilities of state and political subdivisions to provide prompt and effective relief and recovery measures are overwhelmed by a catastrophic event; transportation is damaged and local transportation services are disrupted. There may be damage to commercial telecommunications and communication for government response and recovery will be impaired. Homes, public buildings, other facilities and equipment are destroyed or severely damaged.

Debris makes streets and highways impassable. The movement of emergency relief supplies and resources are impeded. Public utilities are damaged. Many state, regional, and local emergency personnel are victims of the disaster, prohibiting them from performing emergency duties. Fires in urban and rural areas should be anticipated.
After a disaster, numerous victims may be left homeless, injured and require social service assistance. Many victims will be in life-threatening situations requiring immediate rescue and medical care. There will be a shortage of supplies necessary for emergency survival. Hospitals, nursing homes, pharmacies and other health/medical facilities will be severely damaged or destroyed. Medical and health care facilities in operation will be overwhelmed with victims requiring medical attention and medical supplies and equipment will be in short supply.

Damage to facilities, which generate, produce, use, store or dispose of hazardous materials could result in the release of such materials into the environment. Food processing and distribution capabilities will be severely damaged or destroyed. There will be prolonged disruption of energy sources and electric power failure.

2. Types of Disasters

a. Tornados: Tornadoes are nature's most violent storms. Spawned from powerful thunderstorms, tornadoes can cause fatalities and devastate a neighborhood in seconds. A tornado appears as a rotating, funnel-shaped cloud that extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour. Damage paths can be in excess of one mile.

b. Tornado Watch: Tornadoes are possible. Remain alert for approaching storms. Watch the sky and stay tuned to NOAA Weather Radio, commercial radio, or television for information.

c. Tornado Warnings: A tornado has been sighted or indicated by weather radar. Take shelter immediately.

d. Flooding: Floods are one of the most common hazards in the United States. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states.

However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path. Overland flooding occurs outside a defined river or stream, such as when a levee is breached, but still can be destructive. Flooding can also occur when a dam breaks, producing effects similar to flash floods.

Be aware of flood hazards no matter where you live, but especially if you live in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. Every state is at risk from this hazard.

e. Terrorism and/or Bio-Terrorism Attacks: Terrorism or bio-terrorism attacks may occur without warning and can impact elders and services delivered to them.

f. Other Disasters: There are other disasters that may occur that are not weather related. Incidents such as train derailments, plane or major interstate car crashes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, and hazardous materials can impact elders and services delivered to them.

X. Warning Conditions

Upon receiving notification that a disaster has occurred or is about to occur, the Area Agency on Aging will respond in accordance with the Continuity of Operations Plan.

Activation Phase:

A. The notification procedure is facilitated for the aging network in the following manner:

1. State level notification comes from the Division of Emergency Management to via ESC pager. The Emergency Services Coordinator and Alternate Emergency Service Coordinator are available by pager. The Emergency Services Coordinator (ESC) cell number is 1615-830-8851.
2. Regional level notification, depending on the nature and type of disaster, may come from TCAD to the Area Agency on Aging or from the Lead and Local Service Provider to the Area Agency on Aging, who in turn notifies TCAD. Local Service Providers may, in some instances, be the first to notify the aging network if the disaster originates in their county. Evacuation orders are issued at the local level by county emergency management requiring local coordination between the Area Agencies on Aging, Local Services and County Emergency Management.
3. If evacuation becomes necessary, the State ESC Officer will assist with any coordination that may be needed between counties or regions for the evaluation and registration process at shelters.

B. The alert phase requires two plans:

1. During normal working hours; and
2. After hours, weekends and holidays. Both plans include the following:

    a. The Emergency Service Coordinating Officer and Alternate Emergency Service Coordinating Officer maintain current listings of home addresses, home telephone numbers, work numbers, cell phone numbers, and pager numbers of key Area Agency on Aging staff.
    b. The Emergency Service Coordinating Officer or Alternate Emergency Service Coordinating Officer alerts TEMA and TCAD'S Executive Director on disaster status and begins preparation for potential mobilization.
    c. The Emergency Service Coordinating Officer or Alternate Emergency Service Coordinating Officer, in consultation with upper management, makes assessments as to the safety of the Agency's facilities, equipment and records.
    d. The Emergency Service Coordinating Officer in consultation with the AAAD Director will notify the Agency Relocation Group to activate and start preparation for relocation in an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate the area as a precaution.

C. Upon receiving a memorandum for Preparation to Implement Emergency Relief Measures and/or the Implementation of Emergency Relief Measures, the Area Agency on Aging notifies the Local Service Providers of the actions to be taken in the event of a disaster.

XI. TCAD on Aging Support Activities

TCAD will work with the local County Emergency Management Office in order to provide support under the appropriate Emergency Support Functions (ESFs). The ESF concept groups agencies, based on common functions and activities, in a coordinated approach for responding to disasters. The Area Agency provides support under the same ESFs that TCAD is named under in the state recovery plan. These are ESF 5 (Information and Planning), 6 (Human Services), 8 (Health).

XII. Direction and Control

TCAD will pre-delegate authorities for making policy determinations and decisions. All such pre-delegations will specify what the authority covers, what limits may be placed upon exercising it, which (by title) will have the authority, and under what circumstances.
This list will be an attachment. The Relocation Group Members are:

Division/Office Position Title:

XIII. Hours of Operation for Alternate Facility

TCAD will operate Monday through Friday, 8:00 am to 5:00 pm. In the event of the need for 24-hour, 7-day coverage of Helpline and the Technical Assistance for Volunteers line at the alternate facility, a schedule will be established for this purpose.

XV. Alert and Notification

In case the area is affected by the event, the COOP Plan will be activated. Upper management will notify department staff members of the potential emergency.

1. If the event occurs during business hours, staff will begin Agency shutdown and evacuation procedures. Special instructions will be given as required.
2. If the event occurs outside of business hours, staff will be given instructions by their supervisor if and when they should report to the Agency to implement Shutdown procedures (Attachment I – Telephone Tree).

Staff should call the agency's main phone number and/or check their voice mail for any messages regarding the closing and reopening of headquarters. Staff should also monitor local media for latest updates. In the event of a terrorist or bio-terrorism attack in the Nashville TN area and has impacted The Agency's office and causes the immediate evacuation of the TCAD office the Agency will immediately activate its COOP Plan to relocate to an alternate site, if indicated.

ESF 5: Information and Planning

TCAD

1. The purpose of the Emergency Support Function (ESF) is to gather and analyze information to determine the extent of the emergency and implement the Administration on Aging (AOA) Disaster Preparation Plan...

2. There are nine focal points designated in the state known as Area Agencies on Aging. Each area agency will gather information and report to Tennessee Commission on Aging and Disability's (TCAD) ESC. ESC will relay information to TEMA.

Mission

3. The mission of TCAD is to identify and describe availability of resources and services and location of persons age 60 and or those ages 18 and older with a disability.

4.

a. Provide ESC TO SEOC

b. The ESC shall comply with requirements of the ESF.

ESF 6: Human Services

TCAD

1.

The purpose of this ESF is to provide emergency shelter in senior centers, with senior center director acting as coordinator for their center, their participants, and their contractors, in cooperation with TEMA, county mayors, Red Cross and other disaster agencies to the extent needed and within the limits of available resources. Focus of the assistance will be directed toward the elderly and person age eighteen or older with a disability.

2.

The Tennessee Commission On Aging and Disability **(TCAD)** will utilize there resources across the state to assist with ESF 6 duties in a disaster.

3. ESF Services which may be employed, depending on the need, include the following:

a. Temporary shelter in Senior Centers.
b. Helping with mass feedings.
c. Helping with evacuation.
d. Use of facilities as temporary morgues.
e. Counseling and Advocacy.
f. Information and Referral.
g. Legal Services.
h. Senior Volunteers.
i. Transportation.
j. Special Needs Transportation.
k. Centralized nutrition sites.
l. Home –delivered meals.
m. Homemaker services

ESF 8: Health
Tennessee Commission
TCAD

1. :

The purpose of this Emergency support function is to provide supplement homemaker services and information and referral services to regional and local areas.

2

In the event of an emergency which requires TCAD, the ESC coordinator and the Area Agency Directors will act as coordinator in that region. The Senior Center Director will act as coordinator for their center, their participants, and their contractors, in cooperation with TEMA , County Mayors, Red Cross and other disaster agencies to the extent needed and within the limits of available resources. Implement of the Administration on Aging Disaster Plan will be followed.

2. ESF Missions:

1. TCAD ESC will respond to SEOC.
2. Area Agency On Aging and Senior centers where disaster occurs will report to TCAD ESC.
3. TCAD ESC will follow directions from Executive director of TCAD and support the mission of the State of Tennessee.

Intrastate Funding Formula

Y= (.35*(%60)) + (.3*(%LI)) + (0.1*(%LIM)) + (0.15*(%RUR)) + (0.1*(%80))

Factors	**Weights**
Population Age 60 and over	35%
Low Income Elderly	30%
Low Income Minority Elderly	10%
Elderly Living in Rural Areas	15%
Population Age 80 and Above	10%

Attachment D

STATE OF TENNESSEE

POLICY OF NON-DISCRIMINATION

Pursuant to the State of Tennessee's policy of non-discrimination, the Tennessee Commission on Aging and Disability does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its policies, or in the admission or access to, or treatment or employment in, its programs, services, or activities.

Equal Employment Opportunity/Affirmative Action inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability EEO/AA Officer, Nashville, Tennessee 37243-0860, 615-741-2056. ADA inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability ADA Coordinator at the same location.

Assistance for those with speech, hearing and visual impairments is available through the Tennessee Relay Center at 1-800-848-0299.

Tennessee Commission on Aging and Disability
161 Rosa Parks Blvd.
3rd Floor Nashville, TN 37243
(615)741-2056 telephone
(615)741-3309 facsimile

Demographic Data

According to the ACS 5-year estimates, Tennessee's population of adults 60 and over, increased 29.9% from the 2000 Census, from 942,620 to 1,224,186. At the same time the population 85 and over increased 22%, from 81,465 to 99,917.

The funding formula requires that federal funds be distributed based on the proportion (percentage) of the age 60 and over population represented by each district, for 35% of the funds. Low income (income below 100% of poverty level) elderly comprise a 30% portion of the formula. Ten percent of the services portion of the formula is based on the percentage of low income minority elderly persons. Ten percent is based on all low income elderly persons, and 15% is based on the proportion of elderly living in rural areas. Ten percent of the services allocation is based on the proportion in each planning area represented by frail elderly (80+).

The factors and weighting of the formula are based in the requirements of the Older American's Act. The goal of the formula is to target vulnerable populations while at the same time, providing needed services for those who are 60 and older.

Table 1 Demographic information for Tennesseans 60 and older (ACS 2015, 5-year estimates)

	n= 1,344,086	
Sex		
Male	602,151	44.8%
Female	741,935	55.2%
Race		
White	1,161,290	86.4%
Black or African American	153,226	11.4%
American Indian and Alaska Native	2,688	0.2%
Asian	12,097	0.9%
Native Hawaiian & Other Pacific Islander	<1000	0.0%
Some other race	2,688	0.2%
Two or more races	10,753	0.8%
Ethnicity		
Hispanic or Latino origin (of any race)	14,785	1.1%
White alone, not Hispanic or Latino	1,150,538	85.6%
Marital Status		
Now married, except separated	784,946	58.4%
Widowed	286,290	21.3%
Divorced	196,237	14.6%
Separated	17,473	1.3%
Never married	59,140	4.4%
Educational Attainment		
Less than high school graduate	282,258	21.0%
High school graduate, GED, or alternative	467,742	34.8%
Some college or associate's degree	315,860	23.5%
Bachelor's degree or higher	279,570	20.8%
Responsible for Grandchildren	67,204	5.0%
Households	**829,688**	
Married-couple family	484,538	58.4%
Female householder, no husband present,	72,183	8.7%
Householder living alone	329,386	39.7%
Civilian Veteran	256,380	19.6%
Persons with Disability	454,584	35.6%
Language Spoken at Home		
English only	1,306,452	97.2%
Language other than English	37,634	2.8%
Poverty Status in past 12 months	**1,312,798**	
Below 100 percent of the poverty level	139,157	10.6%
100 to 149 percent of the poverty level	148,346	11.3%
At or above 150 percent of the poverty	1,025,295	78.1%
Occupied housing units	**829,688**	
Owner-occupied	677,025	81.6%
Renter-occupied	124,573	18.4%

Table 2. Target populations by district (ACS 2015, 5-year estimates)

	Population 60+		Low-Income Minority		Low Income 65+		Rural 65+		Population 80+	
	n	%	n	%	n	%	n	%	n	%
FIRST	130,691	9.72%	291	1.40%	9,811	10.59%	35,220	10.84%	21,429	10.14%
EAST	278,066	20.68%	1,505	7.24%	18,449	19.91%	70,400	21.66%	45,892	21.71%
SE	143,742	10.69%	1,991	9.58%	10,541	11.38%	32,510	10.00%	25,496	12.06%
UC	88,172	6.56%	265	1.27%	7,333	7.91%	40,470	12.45%	14,195	6.72%
MC	303,041	22.54%	4,307	20.72%	15,450	16.67%	42,620	13.12%	47,506	22.48%
SC	97,306	7.24%	1,009	4.85%	7,447	8.04%	42,050	12.94%	17,082	8.08%
NW	61,402	4.57%	1,022	4.92%	5,382	5.81%	26,870	8.27%	11,424	5.40%
SW	57,239	4.26%	1,464	7.04%	5,060	5.46%	21,930	6.75%	10,060	4.76%
ACMS	184,920	13.75%	8,934	42.98%	13,187	14.23%	12,890	3.97%	31,012	14.67%
TOTALS	1,309,163	100.00%	19,164	100.00%	89,077	100.00%	149,320	100.00%	224,095	100.00%

Table 3.

Table 3. Individuals Served (FY 2016)*

	Total	%
Age		
Under 60	8,676	9.3%
60-74	44,370	47.8%
75-84	26,082	28.1%
85 and over	13,323	14.4%
Gender		
Female	60,735	65.4%
Male	30,407	32.8%
Race		
White, Non-Hispanic	61,341	66.1%
American Indian	419	0.5%
Asian	314	0.3%
Native Hawaiian / Other Pacific Islander	140	0.2%
Black / African American	10,586	11.4%
White- Hispanic	1,411	1.5%
One other race alone	2,745	3.0%
Two or more races	669	0.7%
Frail	5,764	6.2%
Disabled	11,514	12.4%
Resident of Rural Area	45,074	48.6%
Low Income Non-Minority	14,312	15.4%
Low Income Minority	7,494	8.1%
Veteran	919	1.0%
Lives Alone	27,471	29.6%
High Nutritional Risk	15,915	17.2%
Total Served	92,797	

**Does not include unregistered services or ombudsman*

Table 4.

Table 4. Units of Service (FY16)	
	Total
Adult Day Care/Health Care/Health	15,769
Assisted Transportation	2,728
Case Management	50,268
Chore	76
Congregate Meals	909,067
Home Delivered Meals	1,361,347
Homemaker	235,939
Information and Assistance	77,785
Legal Assistance	9,007
NSIP Congregate Meals	882,166
Nutrition Counseling	83
Nutrition Education	129,231
Ombudsman (Complaints Received)	1,801
Outreach	31,825
Personal Care	47,090
Transportation	232,220

Needs Assessment – Content

Introduction
Purpose and Scope
Copies of the Survey Instruments

1. Statewide survey Of older adults
2. Statewide survey Of older adults
3. Food insecurity study

Results

4. Statewide survey Of older adults
5. Statewide survey Of older adults
6. Food insecurity study
7. Conclusion

Introduction

In order to gain understanding of challenges faced by older adults, TCAD, and other state departments and agencies serving adults age 60 and over, TCAD conducted a statewide comprehensive needs assessment during fall of 2016**.**

The Tennessee statewide comprehensive needs assessment consisted of two main components.

1. Statewide survey
    a. Of older adults
    b. Of service providers
2. Food insecurity study

The results of these two components as well as a review of literature regarding the differences between the current senior population and baby boomers and a review of the previous data provided by the State Plan 2014-2018 were used in the development of the Tennessee State Plan on Aging 2018-2021. Additionally, they will be used to give policy makers pertinent information about trends and themes expected to evolve with the increasing aging population.

Purpose and Scope

The needs assessment was designed to aid in the development of the Tennessee State Plan on Aging 2018-2021. However, it was also intended to provide community members the opportunity to provide input about their needs, to identify emerging needs, and to ensure that programs and services are efficient and effective to meet current and future needs. The needs assessment was used to identify the current and future challenges that will be faced in providing services and programs to the aging population. From the identified challenges, the goals, objective, strategies and performance measures were developed.

TCAD is taking the opportunity to use the data gathered from the needs assessment to review and assess its internal structure to ensure that the programs and services are cost effective and meet best practices. This effort will include identifying the competencies, knowledge, and skills needed for each position and to implement staffing patterns and job plans to match those competencies, knowledge, and skills. Such a review might also include revisions to the Program and Policy Manual, monitoring tools, contract scope of service, and the data collection system.

The Tennessee Commission on Aging and Disability, in an effort to assess the status of older adults across the state, wants your input on the needs of individuals in your community.

By taking this survey, you will help develop Tennessee's State Plan on Aging; your answers will be combined with others to write the plan. The survey takes about 3 minutes to complete. You can skip questions or stop at any time, and all of your answers will remain anonymous.

For questions or concerns about this survey, contact Emily Long at 615-741-1428 or emily.long@tn.gov.

Thank you for your help!

Jim Shulman
Executive Director

Today's Date: ___/____/___

1. **What is working well in your community to support older adults?**

   _____

   _____

2. **What challenges keep you from being more active in your community?** (This can include issues related to health concerns, services, money, or anything that makes doing what you wish difficult.)

   _____

   _____

3. **What improvements would make your day-to-day life better?**

   _____

   _____

4. **Are you a primary caregiver for another person?**
   - ☐ Yes: If yes is this person (*circle one):* Another adult A minor under 18 years of age
   - ☐ No

5. **How old are you? _____**(years)

6. **What county do you live in? _____**

7. **Are you male or female**
   - ☐ Male
   - ☐ Female

8. **What is your race?**
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Hispanic or Latino
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White – Non Hispanic
   - ☐ White - Hispanic
   - ☐ More than one race
   - ☐ Prefer not to respond
   - ☐ Other_____

9. **What is your ethnicity?**
   - ☐ Hispanic
   - ☐ Non-Hispanic

Service Provider Survey

- **Are you a direct provider of services to older adults?**
  - Yes
  - No
    - If no: This concludes the survey. Thank you for participating!
- **What is your primary profession?**
  - I&A Specialist
  - Staff of Licensed Long-term Care Facility
    - If yes, what is your primary role?_____
  - Physician or Medical Provider
    - If yes, what is your primary specialty:_____
  - Social Worker
  - Senior Center Staff
  - State / Government employee
    - If yes, what department?
  - Other: _____
- **In what county are you located?**
- **What is your primary target population (veterans, older adults, homeless, general public, etc.)?_____**
- **Approximately, how long have you been serving older adults?** _____ (years)

1. **What are the three (3) most common unmet needs you see in your older adult population?**
   i.
   ii.
   iii.
2. **In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?**
   i.
   ii.
   iii.
3. **What is currently working well in your community to support older adults?**
   (agencies, neighbors who help each other, van service, senior center, meal sites, food pantry, healthcare clinic, nursing home, sidewalks, police presence, grocery stores that deliver, etc.)
   _____
   _____
4. **As a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?**
   _____
   _____

6. Would you like to receive more information about services provided by Tennessee Commission on Aging and Disability?

- Yes
  - If yes - Name: _____
    Address: _____
    _____
    Email: _____
- No - Thank you for participating!

Operational Definitions

- **Access to Healthcare -** the timely use of personal health services to achieve the best health outcomes
  - *Medical appointments, doctor, clinic, screenings, exams, long wait times,*
- **Accessibility/Mobility -** Issues related to the inability to use one or more of extremities, or a lack of strength to walk, grasp, or lift objects. Issues related to inability to access built environment.
  - *Difficulty walking, walker, cane, wheelchair, accessibility, mobility, 'getting around', getting into restrooms*
- **Adult Day Care** –Care for older adults who need assistance during the day. This is most often used to offer relief to family members and caregivers, during the day
  - *Adult day care, day services, day center*
- **Alzheimer's/Dementia** – problems associated with *dementia* or memory problems
  - *dementia, Alzheimer's, memory, forgetfulness, cognitive decline, cognitive impairment*
- **Ageism/ Aging Bias/Perception of Aging -** *prejudice or discrimination on the basis of a person's age.*
  - *Ageism, discrimination, viewing aging negatively*
- **Care Transitions/Rehospitalizations** – Being hospitalized multiple times. Difficulties with transition between hospitals to home or other medical facilities.
  - *Readmission, rehospitalization, transitions in care, discharge, hospital transfer*
- **Care Coordination** – Coordination between multiple service providers
  - *care coordination, case management, communication between medical providers,*
- **Caregiver Support** – any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of assistance for a minor or adult with chronic or disabling condition
  - *Caregiver, respite, "taking care of my..", caregiving,*
- **Chores/Housekeeping-** the services of workers who go into people's homes and help with heavy house cleaning chores
  - *Housework, yard work, cleaning, chores, housekeeping, laundry*
- **Dental-** Anything relating to of or relating to the teeth, mouth, or dentistry.
  - *Teeth, mouth, dentist, dentures, oral health, dental,*
- **Elder Abuse (financial, physical, verbal, sexual, neglect, exploitation) -** any intentional act, or failure to act, by a person that causes or creates a risk of harm to an older adult.
  - *neglect, scam, exploitation, emotional abuse, controlling, assault, hitting, beating, rape, taking advantage of, abuse,*
- **Exercise/Recreation/Activities** Issues related to desire for more activities and recreation, both physical and non-physical
  - *Walking, hiking, biking, bicycle, exercise class, library, "things to do," swimming pool, parks, exercise, gym, entertainment, fun, fishing, theatre, movies*
- **Emergency Preparedness -** the steps taken to make sure a person is safe before, during and after an emergency or natural disaster
  - *disaster, emergency, tornado, terror attack, ice storm, hurricane, flood, fire,*
- **Emergency Services –** relating to the public organizations that respond to and deal with emergencies when they occur.
  - *Police, firefighters, ambulance, 911, emergency response, sheriff, state troopers,*
- **Health Promotion and Disease Management-** Issues related to prevention management of health conditions, including falls, chronic diseases, and immunizations
  - *Falls, Diabetes, health conditions, immunization, shots, exercise, disease self-management*
- **Financial Issues** – Issues related to the inability to cover expenses to meet basic needs
  - *Income, money, finances, "making ends meet", poverty, costs, utility assistance, food assistance, healthcare/prescription assistance*
- **Grandparents taking care of minors –** Issues or concerns related to grandparents raising grandchildren under the age of 18
  - *Grandparents, grandchildren, after-school, babysitting*

- **Hearing Aids/Audiology –** anything related to hearing disorders, including evaluation of hearing function and management of assistive hearing devices
    - *Hearing, hearing aid, audiology, ears,*
- **Home and Community Based Services/OPTIONS/Choices**
    - *Home Health, CHOICES, in-home care, homemaker, personal care, home-delivered meals/meals on wheels, PERS, respite, service coordination, OPTIONS*
- **Housing-** Issues related to affordable and accessible housing including rental and owned units
    - *Homes, housing, apartments, bathrooms, rent, mortgage, property tax, utilities, grab bars,*
- **I&A or Referrals** – Providing social service information to those seeking assistance
    - *Need of information, not knowing where to call*
- **Legal Services** - Provision of legal advice, counseling and representation by an attorney or other person acting under supervision of an attorney
    - *POA, will, contract, lawyer, attorney, legal assistance,*
- **Long-Term Care Needs-** Services and supports necessary to meet health or personal care needs over an extended period of time.
    - *Nursing home, long-term care, Skilled Care, Hospice, assisted living, long term care*
- **Medicare/Insurance/SHIP -**Questions/concerns/issues related to Medicare or other insurance benefits, costs, or coverage
    - *Medicare, TennCare, Insurance, Co-pays, Extra Help, QMB, SLMB, premium, copay, medicine, pharmacy, Medicaid,*
- **Med Management -** Selection and administration of medication, monitoring of side effects, and management of prescriptions and non-prescription medications
    - *Too many medications, medications that are confusing, stopped taking medications, side effects, questions about medications, supplements and vitamins, taking something not prescribed*
- **Mental Health-** Issues surrounding emotional, psychological, and social well-being.
    - *Depression, mental health, counseling,* access to mental health, *feelings*
- **Nutrition** – Assistance in meeting nutritional needs
    - *Food, groceries, SNAP, Commodities, home-delivered meals/meals on wheels, nutrition, diet, cooking, food pantry, congregate meals*
- **Ombudsman-** LTC residents' rights and quality care, residents' complaints, information for residents
    - *Long-term Care, Nursing Homes, quality of care, financial information, resident rights,*
- **Public Guardian –** Assistance and protection for persons needing help may making decisions about money or medical issues
    - *Conservator, guardian,*
- **Prescription Drug Costs –** costs of prescription medications (does not include management of multiple medications
    - *Medication costs, ability to afford medicine, prescription co-pay,*
- **SCSEP/Continued employment -** employment or employment training program for older adults
    - *Job Training, employment, job, "part time work"*
- **Sex / Romantic Relationship –**Desire for sexual or romantic relationships
    - *Sex, romantic partner*
- **Social Needs** – Issues related to social isolation or desire to engage in more social activities
    - *Loneliness, isolation, social activities, senior center, Senior Companion, widow, volunteerism*
- **Substance Abuse** - excessive use of a drug (include alcohol, opiates, others)
    - *Pain medicines, alcohol, drinking, prescription abuse, drugs,*
- **Transportation**- Issues related to transportation needs to get to and from places for activities such as shopping, getting to work, medical appointments, going to restaurants and visiting friends. This can include issues around driving, public transportation, or other means of transportation
    - *cars, transportation, driving, driver's license, bus, getting to/from places, public transportation, AccessRide, MTA, MATA, HRA Vans*
- **Vision-** issues surrounding the eyes, visual defects, and corrective lenses
    - *Glasses, cataracts, glaucoma, seeing, vision,*
- **Workforce Training -** Development or enhancing the skills of existing workforce to become more familiar with issues affecting older adults. Training for those who work with older adults.
    - *Training, need for geriatricians,*

Older Adult Survey Results

Table 5. Characteristics of Older Adult Survey Participants
(n=1,797

	Mean or *n*	*SD or %*
Average Age	74.01	*8.01*
Sex		
Male	490	*27.3%*
Female	1,247	*69.4%*
Race		
White Alone, Not Hispanic	1362	*64.6%*
Black or African American	259	*12.3%*
White Alone, Hispanic	27	*1.3%*
American Indian or Alaska Native	20	*0.9%*
Asian	7	*0.3%*
Native Hawaiian or Pacific Islander	2	*0.1%*
More than One Race	50	*2.4%*
Missing or Prefer not to respond	70	*3.3%*
Ethnicity		
Not Hispanic	1484	*70.4%*
Hispanic	24	*1.1%*
Missing or Prefer not to respond	289	*13.7%*
Caregiver		
for Child<18	22	*1.7%*
for another adult	181	*12.3%*

Table 6. Older Adult Responses Question 1

What is working well in your community to support older adults?

Rank	Answer	n	%
1	Senior Centers	1051	58.5%
2	Health	637	35.4%
3	Financial	433	24.1%
4	Nutrition	356	19.8%
5	Transportation	305	17.0%
6	Exercise, Recreation, and Activities	190	10.6%
7	Church	133	7.4%
8	HRA	32	1.8%
9	Social Needs	27	1.5%
10	Office On Aging	21	1.2%
11	I&A / Referrals	16	0.9%
12	Housing	15	0.8%
13	Chores	14	0.8%
14	Caregiver	13	0.7%
15	Health Promotion	13	0.7%
16	Community Support	12	0.7%
17	HCBS	11	0.6%
18	Medicare / SHIP	9	0.5%
19	AAAD	8	0.4%
20	Emergency Services	8	0.4%
21	Adult Day Care	4	0.2%
22	Alzheimer's / Dementia	4	0.2%
23	LTC	4	0.2%
24	Accessibility	3	0.2%
25	Medication Delivery	3	0.2%
26	Dental	2	0.1%
27	Legal Services	2	0.1%
28	SCSEP	2	0.1%
29	Ageism	1	0.1%
30	Care Coordination	1	0.1%
31	Vision	1	0.1%

Table 7. Older Adult Responses Question 2

What challenges keep you from being more active in your community?

Rank	Answer	n	%
1	Health	637	35.4%
2	Financial	433	24.1%
3	Transportation	305	17.0%
4	Accessibility	172	9.6%
5	Caregiver	62	3.5%
6	Exercise, Recreation, and Activities	62	3.5%
7	Ageism	51	2.8%
8	Vision	33	1.8%
9	Social Needs	27	1.5%
10	Chores	23	1.3%
11	Senior Centers	23	1.3%
12	SCSEP	18	1.0%
13	Housing	15	0.8%
14	Lack of Services / Providers	15	0.8%
15	Mental Health	14	0.8%
16	Nutrition	14	0.8%
17	Grandparents	12	0.7%
18	HCBS	11	0.6%
19	Alzheimer's / Dementia	10	0.6%
20	I&A / Referrals	10	0.6%
21	Medicare / SHIP	7	0.4%
22	Hearing Aid	6	0.3%
23	Safety	6	0.3%
24	Lack of Energy	5	0.3%
25	Church	4	0.2%
26	Dental	4	0.2%
27	Health Promotion	4	0.2%
28	LTC	4	0.2%
29	Prescription Costs	4	0.2%
30	Adult Day Care	3	0.2%
31	Ombudsman	2	0.1%
32	Substance Abuse	2	0.1%
33	Waitlists	2	0.1%
34	Workforce Development	2	0.1%
35	Medication Management	1	0.1%
36	Time	1	0.1%

Table 8. Older Adult Responses Question 3

What would make your day-to-day life better?

Rank	Answer	n	%
1	Exercise, Recreation, and Activities	227	12.6%
2	Financial	218	12.1%
3	Transportation	214	11.9%
4	Health	213	11.9%
5	Social Needs	96	5.3%
6	Chores	83	4.6%
7	Senior Centers	83	4.6%
8	HCBS	80	4.5%
9	Nutrition	72	4.0%
10	Housing	69	3.8%
11	Accessibility	51	2.8%
12	Caregiver	32	1.8%
13	Medicare / SHIP	27	1.5%
14	Vision	18	1.0%
15	Time	15	0.8%
16	LTC	14	0.8%
17	Ageism	11	0.6%
18	Dental	11	0.6%
19	Safety	11	0.6%
20	SCSEP	10	0.6%
21	Church	9	0.5%
22	Prescription Costs	8	0.4%
23	Sex	7	0.4%
24	Services	6	0.3%
25	Workforce Development	6	0.3%
26	Health Promotion	5	0.3%
27	Mental Health	5	0.3%
28	Community Support	4	0.2%
29	Legal Services	4	0.2%
30	Energy	3	0.2%
31	Hearing Aid	3	0.2%
32	I&A / Referrals	3	0.2%
33	Medication Management	3	0.2%
34	Waitlist	3	0.2%
35	Alzheimer's / Dementia	2	0.1%
36	Care Coordination	2	0.1%

Service Provider Survey Results

Table 9. Characteristics of Provider Survey Participants
(n=297)

	Mean or *n*	*SD or %*
Average Number of Years working with Older Adults	15.43	*12.10*
Primary Profession		
Service Coordinator	56	*18.9%*
State or Government Employeee	44	*14.8%*
Social Worker	41	*13.8%*
Senior Center Staff	33	*11.1%*
Non-Profit Management	15	*5.1%*
Healthcare Staff	14	*4.7%*
Physician or Medical Provider	11	*3.7%*
I&A Specialist	11	*3.7%*
Housing Provider	10	*3.4%*
Staff of Long-term Care Facility	8	*2.7%*
PSSA Staff	8	*2.7%*
AAAD or HRA Staff	5	*1.7%*
HCBS Staff	5	*1.7%*
Legal Counsel / Attorney	5	*1.7%*
Nutrition Provider	5	*1.7%*
Other	9	*3.0%*
Missing / Prefer not to Respond	17	*5.7%*

Table 10. Service Responses Question 1

What are the three (3) most common unmet needs you see in your older adult population?			
		N	**Percent**
1	Transportation	118	39.7%
2	Nutrition	83	27.9%
3	Financial	69	23.2%
4	Housing	66	22.2%
5	Home and Community Based Services	61	20.5%
6	Health	48	16.2%
7	Social Needs	39	13.1%
8	Chores	31	10.4%
9	Medication Management	29	9.8%
10	Medicare, Insurance, or SHIP	27	9.1%
11	Caregiver	23	7.7%
12	Mental Health	17	5.7%
13	Information and Referral	16	5.4%
14	Long-term Care	16	5.4%
15	Dental	15	5.1%
16	Elder Abuse	12	4.0%
17	Care Coordination	9	3.0%
18	Legal Services	9	3.0%
19	Prescription Costs	9	3.0%
20	Accessibility	7	2.4%
21	Care Transitions	7	2.4%
22	Alzheimer's and Dementia Needs	6	2.0%
23	Exercise, Recreation and Activities	6	2.0%
24	Health Promotion	6	2.0%
25	Hearing Aids	6	2.0%
26	Workforce Development	6	2.0%
27	Vision	5	1.7%
28	Technology	4	1.3%
29	Adult Day Care	3	1.0%
30	Literacy	3	1.0%
31	SCSEP	3	1.0%
32	Ageism	2	0.7%
33	Grandparents raising Grandchildren	2	0.7%
34	Senior Centers	2	0.7%
35	Substance Abuse	2	0.7%
36	Emergency Preparedness	1	0.3%
37	Emergency Services	1	0.3%
38	Ombudsman	1	0.3%
39	Public Guardian	1	0.3%

Table 11. Service Responses Question 2

In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?			
		N	**Percent**
1	Transportation	92	31.0%
2	Home and Community Based Services	69	23.2%
3	Financial	62	20.9%
4	Nutrition	61	20.5%
5	Housing	57	19.2%
6	Health	44	14.8%
7	Social Needs	26	8.8%
8	Long-term Care	23	7.7%
9	Medicare, Insurance, or SHIP	22	7.4%
10	Chores	21	7.1%
11	Elder Abuse	18	6.1%
12	Information and Referral	15	5.1%
13	Medication Management	14	4.7%
14	Dental	12	4.0%
15	Mental Health Services	11	3.7%
16	Lack Of Services	10	3.4%
17	Prescription Costs	10	3.4%
18	Workforce Development	10	3.4%
19	Caregiver	9	3.0%
20	Exercise, Recreation, and Activities	9	3.0%
21	Legal Services	9	3.0%
22	Care Coordination	7	2.4%
23	Care Transitions	7	2.4%
24	Adult Day Care	6	2.0%
25	Alzheimer's and Dementia Needs	6	2.0%
26	Health Promotion	6	2.0%
27	Accessibility	5	1.7%
28	Ageism	5	1.7%
29	Emergency Services	5	1.7%
30	Senior Centers	5	1.7%
31	Hearing Aid	4	1.3%
32	Vision	4	1.3%
33	Ombudsman	2	0.7%
34	Church Community	1	0.3%
35	Grandparents raising Grandchildren	1	0.3%
36	Public Guardian	1	0.3%
37	Substance Abuse	1	0.3%
38	Technology	1	0.3%

Table 12. Service Responses Question 3

What is currently working well in your community to support older adults?			
		N	**Percent**
1	Nutrition	104	35.0%
2	Senior Centers	89	30.0%
3	Transportation	59	19.9%
4	Church	34	11.4%
5	LTC	28	9.4%
6	Emergency Services	25	8.4%
8	Community And Neighbors	22	7.4%
9	AAAD	18	6.1%
10	Health and Health Care Organizations	17	5.7%
11	HCBS	16	5.4%
12	Office On Aging	12	4.0%
13	Exercise, Recreation, and Activities	9	3.0%
14	Social Needs	9	3.0%
15	Human Resource Agency	8	2.7%
16	Information and Referral	8	2.7%
17	Prescrption Delivery	8	2.7%
18	Housing	6	2.0%
19	Care Coordination	5	1.7%
20	Caregiver Support	5	1.7%
21	Alzheimer's and Dementia Services	4	1.3%
22	Financial Assistance	4	1.3%
23	Legal Services	4	1.3%
24	Adult Day Care	3	1.0%
25	Chore Services	3	1.0%
26	Health Promotion	3	1.0%
27	Mental Health Resources	3	1.0%
28	Workforce Development	3	1.0%
29	Accessibility	2	0.7%
30	Medication Management	2	0.7%
31	Dental Services	1	0.3%
32	Elder Abuse Prevention	1	0.3%
33	Ombudsman	1	0.3%
34	Vision Programs	1	0.3%

Table 13. Service Responses Question 4

As a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?			
		N	**Percent**
1	Funding	99	33.3%
2	Not Enough Organizations / Services	56	18.9%
3	Waitlists	24	8.1%
4	Rules and/or Regulations	21	7.1%
5	Knowing Whats Available	20	6.7%
6	Workforce Development	19	6.4%
7	Commmunication between Agencies	17	5.7%
8	Getting Participation	16	5.4%
9	Lack of Time	14	4.7%
10	Lack of Family Involvement	12	4.0%
11	Staffing	12	4.0%
12	Geographic Restrictions	10	3.4%
13	Lack of Community Support	8	2.7%

Input from Other State Agencies

During January 2017, in accordance with instructions from the Administration for Community Living, TCAD sought to incorporate as many of their activities related to aging as possible, regardless of funding source. In order to do so, TCAD requested assistance and input from other state agencies that serve older adults. Input was requested from the Tennessee Department of Developmental Disabilities (DIDD), Tennessee Department of Human Services (DHS), Tennessee Department of Health (TDH), Tennessee Department of Veterans Services (TDVS), Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS), TennCare Division of HealthCare and Finance Administration.

1. **Brief description of the agency's services or programs related to the aging population**
    - DIDD – "To provide some context, Braddock et al. (2015[2]) estimated the prevalence of intellectual and developmental disabilities nationally at 1.58% which gives 104,280 Tennesseans across all ages based on an estimated Tennessee population of 6.6 million. DIDD serves approximately 10,000 people; therefore, the majority of people who have an intellectual or developmental disability are unknown to DIDD**."**
    - DHS - "APS is a program within the Division of Community and Social Services of the Department of Human Services. APS investigates and provides protective services as resources allow to vulnerable adults age 18 and over. APS investigates abuse, neglect, and exploitation of vulnerable adults and provides protective services for abused, neglected, and exploited vulnerable adults"
    - DMHSAS- "The Department of Mental Health and Substance Abuse Services (DMHSAS) current services related specifically to the aging population consists of performing the states mandated functions of the Preadmission Screening and Resident Review (PASRR) program as they pertain to individuals with qualifying mental health issues who are seeking admission to nursing facilities. This program interfaces with the State Medicaid office and a private contractor. The Department reviews and approves all mental health PASRR evaluations to ensure their clinical appropriateness and their compliance with federal law. In addition the Department funds four Older Adult programs across the state for individuals 50 years or older who have no other way of obtaining services. Individuals in this program are not eligible for case management under Tennessee's Medicaid Program and receive these and related services thru the Departments Older Adult Programs."
    - TDVS- "As a cabinet level department, our mission is to serve Tennessee Veterans and their families with dignity and compassion as an entrusted advocate. We serve all ages of Veterans, following release from military service, up to and including providing a final resting place in one of the four, soon to be five, State Veterans Cemeteries.

      Of the many services TDVS offers to Veterans of all ages, disability compensation continues to be an area of assistance needed for aging Veterans. We provide disability compensation claims assistance to Veterans who have service connected injuries or illnesses by obtaining service records from when they were in service, medical documentation and diagnosis from hospital visits and doctors' offices. We compile this data and assist the aging Veteran with preparation of a disability claim to be forwarded and rated by the United States Department of Veterans Affairs (USDVA). We provide assistance for income based pension applications, both Veteran and survivor."

[2] *Braddock et al. (2015)*

- TennCare –"TennCare CHOICES in Long Term Services and Supports ("CHOICES") is the primary Medicaid program that provides services to older adults and adults with physical disabilities in Tennessee. Implemented in 2010, the program is the result of sweeping reform legislation: the Long Term Care Community Choices Act of 2008, passed unanimously by the Tennessee 105th General Assembly. Key objectives of the Act and the CHOICES program include expanding access to home and community based services (HCBS), streamlined enrollment, improved coordination of services, support for family caregivers, continuous quality improvement focused on the member experience, and a more equitable balance in institutional versus HCBS expenditures.

  CHOICES is an integrated Medicaid Managed Long-Term Services and Supports (MLTSS) program. TennCare-contracted Managed Care Organizations (MCOs) are responsible for coordinating physical and behavioral health and long-term services and supports (LTSS), including nursing facility (NF) services and HCBS, for Medicaid eligible members enrolled in the program.

  HCBS available in the CHOICES program include an array of options that offer hands-on assistance with activities of daily living or instrumental activities of daily living, including personal care visits, attendant care, adult day care and home-delivered meals; the use of technology to help ensure safety and increase independence, such as personal emergency response systems, assistive technology, and minor home modifications; caregiver supports such as respite; pest control; and a variety of community-based residential alternatives for people who are no longer able to live alone and need more intensive support to continue living in the community.

  Consumer direction, using an employer authority model, is available for certain services, allowing members who elect this option more choice and control over the workers that provide their support. TennCare contracts with a statewide fiscal employer agent to assist members with employer responsibilities related to payroll and tax obligations.

  The nine (9) Area Agencies on Aging and Disability (AAADs) in Tennessee serve as the Aging and Disability Resource Centers (ADRCs) and the single point of entry (SPOE) for services provided through the Older Americans Act, the OPTIONS for Community Living Program, the State Health Insurance Assistance Program, the Public Guardian for the Elderly Program, and CHOICES HCBS for new Medicaid applicants. (MCOs assist their current members.)

  As part of their SPOE function, the AAADs provide counseling and assistance, screening and intake, and facilitated enrollment for Medicaid financial as well as medical (or level of care) eligibility. TennCare invests more than $8.2 million per year in these functions, supporting the overall ADRC structure in Tennessee. AAADs are also contracted to perform HCBS Ombudsman functions for members receiving Community Living Supports (the primary community based residential option) in the CHOICES program. In addition, TennCare contracts with AAADs to conduct face-to-face Quality of Life Surveys for the State's MFP Rebalancing Demonstration[3], and more recently, for the National Core Indicators -Aging and Disability Survey which is part of the State's Quality Improvement Strategy.

  As of January 1, 2017, 29,789 Tennesseans are enrolled in CHOICES, with 17,074 (57.3%) receiving NF services, and 12,715 (42.7%) receiving HCBS. This represents a dramatic shift from when the program first began, when 83% of the population received NF services: and only 17% received HCBS. Overall program growth (across settings) has been fairly minimal (roughly 2,400 members across the first 5 years

[3] The demonstration requirement for the MFP Quality of Life surveys ended December 31, 2016. MFP participants enrolled in CHOICES will be part of the NCI-AD survey going forward

of the program), and not simply the result of "woodwork" or growth in HCBS, but real changes in utilization of LTSS across settings (Le., a 6,000+ person reduction in utilization of NF services as well as a 170% increase in the number of people receiving HCBS). 72.2% of the total CHOICES population is made up of older adults (age 65 and older). Older adults comprise an even larger percentage of the NF population (82.3%).

On July 1, 2017, Tennessee implemented a second program component of CHOICES focused on serving people with intellectual and developmental disabilities (I/DD): Employment and Community First CHOICES. While the target population is not older adults specifically, as a practical matter, older adults with I/DD will be served in the new program. Further, the new program will offer much needed assistance to older adult caregivers of individuals with I/DD. Pursuant to state law, groups prioritized for enrollment in the program include individuals with an intellectual disability who have an aging caregiver (defined as age 75 or older). In addition to a comprehensive array of employment and supportive services, benefits in the new program include a number of services that are specifically targeted to support family caregivers, including respite, supportive home care, family caregiver stipend, family caregiver education and training, conservatorship alternatives counseling and assistance, and health insurance counseling and forms assistance.

- TDH-(see chart below)

Department of Health's response to the Tennessee Commission on Aging and Disability (TCAD) request for input for the Development of TCAD's 2017-2021 *State Plan on Aging*	
Program/Service	**Description**
Health Licensure and Regulation	The Division of Health Related Boards provides administrative support to the boards, committees, councils and one registry that are charged with the licensure and regulation of their respective health care professionals, as well as the Office of Consumer Right to Know. The mission of each board is to safeguard the health, safety and welfare of Tennesseans by requiring those who practice health care professions within this state to be qualified.
Registry	Registry: While searching for information on a particular health care professional, consumers should be aware that there are several locations available to them with their search. (Licensure Verification, Abuse Registry, Monthly Disciplinary Actions, and Recently Suspended Licenses For Failure to Pay Child Support) Links to various Internet sites are available from the Department of Health Website home page and from the Health Related Boards Website
Farmers Market Nutrition Program	Farmers Market Nutrition Program (FMNP): Senior citizens in Davidson, Dyer and Shelby Counties who get Community Supplemental Food Program (CSFP) foods also get FMNP checks. Hamblen and Warren County seniors only get FMNP checks. Seniors must be a resident of the county and 60 years of age or older. They must have an income at or below 130% of the federal income poverty guidelines. The FMNP gives eight $5 checks to about 15,000 seniors each year. Funding: U.S. Department of Agriculture
Commodity Supplemental Food Program	Commodity Supplemental Food Program (CSFP): The program is designed to provide nutritious supplemental foods to low-income men and women age 60 or over who have an inadequate diet.
Office of Patient Care Advocacy	The Office of Patient Care Advocacy handles inquiries regarding consumer health matters, including access to health care and long term care issues, by identifying and helping to address barriers encountered with service options so that individual patient needs are met. The patient care advocate provides guidance and assistance for individuals with complex care concerns with the goal of enhancing outcomes and the well-being of consumers. Inquiries are received from individuals, state agencies, advocacy groups, legislators, family members, metro/county health departments, healthcare providers, etc.
Violence and Injury Prevention Program	The Stepping On Fall Prevention Program was supported during the previous cycle of the Core VIPP grant. There are approximately 30 active leaders throughout the state who can lead evidence-based fall prevention programs. Two counties, Knox and Hamilton support the Staying Active and Independent for Life and A Matter of Balance fall prevention programs, respectively.
Chronic Disease Self-Management Program	Living Well with Chronic Conditions (the Chronic Disease Self-Management Program or CDSMP) is a six-week workshop that provides tools for living a healthy life with chronic physical and mental health conditions, including diabetes, arthritis, asthma and heart disease. Through weekly sessions, the workshop provides support for continuing normal daily activities and dealing with the emotions that chronic conditions may bring about.
Traumatic Brain Injury Program	The TBI Program has eight service coordinators that are available to assist brain injury survivors and their families identify and access needed resources within the community. Service coordinators provide information, referral, assistance with applying for services, advocacy, and support group development. Brain injury survivors of any age, their families or caregivers are eligible for services. Service coordinators also work with related professionals. Funding: State of Tennessee: TBI is funded in part through a dedicated funding stream from increased fines on specific traffic violations.
Emergency Preparedness for Vulnerable, Older Adults	As part of TDH PHEP's Capability 2 Community Recovery activities, TDH has formed the Rapid Assessment of Populations Impacted by Disasters (RAPID) Team to perform community assessments during response and preparedness phases. The RAPID Team employs Community Assessment for Public Health Emergency Response (CASPER) methods, which uses two-stage cluster sampling to gather household level data. TDH routinely exercises CASPER methods during community preparedness assessments to support multi-jurisdictional community preparedness and recovery plans with a focus on functional needs of an affected community. Funding: The Emergency Preparedness program is funded through the Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement with CDC and ASPR.
Emergency Preparedness for Vulnerable, Older Adults	In support of the Tennessee Emergency Management Agency (TEMA), TDH is the lead State agency for Emergency Support Function (ESF) #8 (Health and Medical Services). TDH has four dedicated Emergency Services Coordinators (ESCs) who participate regularly in trainings, exercises and actual disaster response at TEMA. The two lead ESCs are with TDH EMS Division, and two ESCs are with TDH EP. As directed by TEMA, TDH provides support to partner agencies through our State Heath Operations Center (SHOC). Response efforts require an open flow of communication between the State and local level. The SHOC directly supports the Regional Health Operations Centers (RHOCs), and requests for assistance may also be initiated at the local level. Funding: The Emergency Preparedness program is funded through the Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement with CDC and ASPR.
Dental-Adult Oral Health Services	Safety Net Providers- TDH Dental Clinics provide emergency dental services for adults and basic dental services for adult diabetic primary care sites referrals. Three TDH Dental Clinics have partnerships with local Dental Colleges and those sites provide comprehensives dental services for adults. Safety Net Dental Providers offer emergency services and cleaning for adults. Funding: State of Tennessee

Department of Health's response to the Tennessee Commission on Aging and Disability (TCAD) request for input for the Development of TCAD's 2017-2021 *State Plan on Aging*	
Diabetes Prevention	The Centers for Medicare & Medicaid Services (CMS), on July 7, 2016, proposed to expand the Medicare Diabetes Prevention Program (MDPP) starting January 1, 2018. Description of the Program Benefit: The MDPP core benefit is a 12-month intervention that consists of at least 16 weekly core hour-long sessions, over months 1-6, and at least 6 monthly core maintenance sessions over months 6-12, furnished regardless of weight loss. Beneficiaries have access to three month intervals of ongoing maintenance sessions after the core 12-month intervention if they achieve and maintain the required minimum weight loss of 5 percent in the preceding three months. MDPP was finalized as an additional preventive service, Medicare cost-sharing will not apply to MDPP services. Eligible Beneficiaries Coverage of the MDPP services will be available for beneficiaries who meet the following criteria: Enrolled in Medicare Part B; Have, as of the date of attendance at the first core session, a body mass index (BMI) of at least 25 if not self-identified as Asian or a BMI of at least 23 if self-identified as Asian;Have, within the 12 months prior to attending the first core session, a hemoglobin A1c test with a value between 5.7 and 6.4 percent, a fasting plasma glucose of 110-125 mg/dL, or a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test);Have no previous diagnosis of type 1 or type 2 diabetes with the exception of gestational diabetes; andDo not have end-stage renal disease (ESRD). The Centers for Medicare & Medicaid Services (CMS), on July 7, 2016, proposed to expand the Medicare Diabetes Prevention Program (MDPP) starting January 1, 2018. Description of the Program Benefit: The MDPP core benefit is a 12-month intervention that consists of at least 16 weekly core hour-long sessions, over months 1-6, and at least 6 monthly core maintenance sessions over months 6-12, furnished regardless of weight loss. Beneficiaries have access to three month intervals of ongoing maintenance sessions after the core 12-month intervention if they achieve and maintain the required minimum weight loss of 5 percent in the preceding three months.MDPP was finalized as an additional preventive service, Medicare cost-sharing will not apply to MDPP services. Coverage of the MDPP services will be available for beneficiaries who meet the following criteria: Enrolled in Medicare Part B; Have, as of the date of attendance at the first core session, a body mass index (BMI) of at least 25 if not self-identified as Asian or a BMI of at least 23 if self-identified as Asian; Have, within the 12 months prior to attending the first core session, a hemoglobin A1c test with a value between 5.7 and 6.4 percent, a fasting plasma glucose of 110-125 mg/dL, or a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test); Have no previous diagnosis of type 1 or type 2 diabetes with the exception of gestational diabetes; and Do not have end-stage renal disease (ESRD). The Centers for Medicare & Medicaid Services (CMS), on July 7, 2016, proposed to expand the Medicare Diabetes Prevention Program (MDPP) starting January 1, 2018. Description of the Program Benefit: The MDPP core benefit is a 12-month intervention that consists of at least 16 weekly core hour-long sessions, over months 1-6, and at least 6 monthly core maintenance sessions over months 6-12, furnished regardless of weight loss.Beneficiaries have access to three month intervals of ongoing maintenance sessions after the core 12-month intervention if they achieve and maintain the required minimum weight loss of 5 percent in the preceding three months.MDPP was finalized as an additional preventive service, Medicare cost-sharing will not apply to MDPP services. Eligible Beneficiaries Coverage of the MDPP services will be available for beneficiaries who meet the following criteria: Enrolled in Medicare Part B;Have, as of the date of attendance at the first core session, a body mass index (BMI) of at least 25 if not self-identified as Asian or a BMI of at least 23 if self-identified as Asian; Have, within the 12 months prior to attending the first core session, a hemoglobin A1c test with a value between 5.7 and 6.4 percent, a fasting plasma glucose of 110-125 mg/dL, or a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test); Have no previous diagnosis of type 1 or type 2 diabetes with the exception of gestational diabetes; and Do not have end-stage renal disease (ESRD). Project Diabetes shares information on all funded diabetes prevention projects throughout the state with the TN Commission on Aging and Disability. The Area Agencies on Aging and Disability have contacted appropriate project managers and have partnered for the benefit of their aging community.
Tennessee Tobacco Quitline	The Tennessee QuitLine service provides telephonic and internet-based counseling, information and tobacco use cessation services to Tennesseans who are seeking information on quitting tobacco use and coaching assistance with quitting or maintaining a quit status. The QuitLine number is 1-800-QUIT-NOW. Services can also be accessed on the web at www.tnquitline.org. Healthcare providers are encouraged to send in referrals of smoking patients to the QuitLine via fax or e-portal (preferred system). Patients are contacted within 48 hours after a referral is received and are provided with information or counseling on how to quit and stay quit. Healthcare providers are periodically given updates on patients they have referred to the QuitLine.

2. **As the aging population increases due to the increase in the "baby boom" population, describe the need for services and programs for the aging population**
    - DIDD – "Adults with intellectual disabilities have more than twice the physical health issues compared to the general population, and over 40% have a psychiatric condition or challenging behavior sufficiently severe to require treatment. People experience significant barriers to obtaining health care. Moreover, the pattern of comorbidities differs from the general population; for example, coronary heart disease, cancer and chronic obstructive pulmonary disease are actually less prevalent than with the general population.

      The effect of the baby boom population bubble is less on adults with intellectual disabilities than with the general population as there has not been the same increase in people with disabilities. In addition, although people with intellectual disabilities are living longer than in the past, they still die at a much younger age which is illustrated on the attached slide. It is also interesting that the greater life expectancy of women compared to men actually is reversed in intellectual disabilities compared to the general population. A recent study concluded comorbidities in people with intellectual disabilities age 20-25 were similar to those age 50-54 in the general population (Cooper et al., 2015)[4]"
    - DHS – "There is approximately a 10% increase in investigations annually. From SFY13 through SFY16, APS received an increase of approximately 4,000 additional reports and approximately 3,000 additional investigations."
    - DMHSAS- "As the 76 million individuals born between 1946 and 1964 continue to age these "baby boomers "will require an increased need for mental health services. Older Adults are at increased risk for depression. We know about 80% of older adults have at least one chronic health condition and 50% have at least two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited. This will increase the need for trained mental health professionals to work with this population and specific programs designed to meet their needs, Barriers to serving this population are two fold 1) the hesitancy of the Older Adult to seek help and 2) the lack of funding for programs designed specifically to address their mental health issues. Presently the Department takes advantage of funds from the federal block grant and the mandated PASRR funds to serve Older Adults with mental health issues."
    - TDH - "Two-thirds of older Americans, and more than a quarter of all Americans, have multiple chronic conditions, and treatment for these populations accounts for 66 percent of the country's healthcare costs[5]. Dementia has been classified as the most costly disease in the United States at $109 billion in 2010, surpassing heart disease at $102 billion and cancer at $77 billion. When including the estimated value of informal home care provided by family caregivers, it increases this estimated annual cost to a range of $159- $215 billion[6].

      To maximize healthy aging opportunities, the health needs of the aging population go well beyond the provision of health care services to include obesity, physical inactivity, smoking, substance abuse, nutrition and diet, the elimination

[4] Lauer & McCallion. J Appl Res Intellect Disabil. 2015; 28:394-405
[5] The State of Aging and Health in America 2013. CDC. Available at: http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf
[6] Hurd MD, Martorell P, Delavande A, et al. "Monetary Costs of Dementia in the United States." New England Journal of Medicine. Available at: http://www.nejm.org/doi/full/10.1056/NEJMsa1204629

of health disparities, promoting healthy and safe community environments, housing, transportation, social services, finances, education, employment, technology and other issues. The ability to integrate improvement efforts at all levels and across sectors will provide a more cohesive and comprehensive system for healthy aging."

- TennCare- "As the aging population increases due to the increase in the "baby boom" population, describe the need for long-term services and supports for the aging population.

  As the population ages, the demand for LTSS is expected to increase exponentially. The Tennessee Partnership for Long-Term Care encourages Tennesseans to take personal responsibility for their future LTSS needs by purchasing long-term care insurance, offering certain income and asset protections when applying for Medicaid if a resident purchases a qualifying plan. Unfortunately, the vast majority of people still fail to plan for their future LTSS needs, and many lack adequate resources to do so. This means that in the future, TennCare can expect more people to request assistance when LTSS needs arise.

  At the same time, it is clear that expectations about the kinds of services and supports people want and where they want to receive them is also changing. In the year before the CHOICES program launched, 81.34% of people coming into Medicaid-reimbursed LTSS started out in a NF. Five years later, just over half of people coming into CHOICES started out in HCBS. More and more seniors want to continue living in their homes and communities, even when they are no longer able to do so independently. They expect programs which offer a flexible array of services that will allow them to live in the most integrated setting appropriate, the setting they choose. And they expect those services to support them in continuing to actively engage in community activities. This means that a home health service industry that began in the 1960s largely providing services to "home bound" seniors must adapt to provide person-centered supports in a manner that comports with the standards set by the Centers for Medicare and Medicaid Services (CMS) in the Home and Community Based Services Setting Rule published in January 2014. People receiving in-home supports should be encouraged and supported in living the lives they desire which includes personal assistance with activities of daily living but also supports needed to pursue their employment and community living goals.

  This can be particularly challenging for older adults living with Alzheimer's or dementia, a population expected to grow nearly 10 percent between 2014 and 2020."
- TDVS – "The aging Veteran population is one of our greatest concerns. We ensure each elderly Veteran who is eligible for healthcare, is enrolled in the Veterans Administration (VA) Healthcare system by completing the Application for Health Benefits. This application process includes obtaining the proper verification of military service and our agency routinely assists them with requesting the discharge documents.

  Although Tennessee State Veterans Homes (TSVH) are not within the hierarchy of TDVS, our agency works closely with representatives of the TSVH assisting aging Veterans with the admissions process into TSVH long term care facilities. Additionally, we assist aging Veterans who elect to become residents of commercial long term care facilities, by helping family members with obtaining appropriate documents from Personnel Records Division.

  As the number of our aging Veterans continues to rise in Tennessee, we have anticipated the need for additional State Veterans Cemeteries. Our goal is to place these new cemeteries within reasonable commuting distance of Veterans. In addition to the four existing cemeteries located in Memphis, Nashville, and Knoxville, a new cemetery is currently under construction east of Jackson, TN in Parkers Crossroads. The projected completion date for this project is spring of 2018. Through partnering with State of

Tennessee Real Estate Management (STREAM), and local volunteers, another Veterans Cemetery is being pursued in or around the Upper Cumberland area.

Within the past few years, our agency developed a program that enables and encourages Veterans to pre-register for interment at any of the Tennessee State Veterans Cemeteries. This initiative allows the Veteran and or dependent to simply complete the application from our website (www.tn.gov/veteran) and include the appropriate supporting documents, such as discharge documents, marriage certificates, etc. Within 7 business days of receipt, a memorandum signed by the Cemetery Director is forwarded to the Veteran informing them whether they have met the eligibility requirements to be interred in any of the State Veterans Cemeteries. Having this benefit eliminates the need to locate documents at the time of loss."

3. **Describe barriers/challenges to the agency's ability to serve the aging population in the next four years**
   - DIDD – "More than 70% of adults with developmental disabilities live at home with family caregivers, and of this group, 25% live with family caregivers who are aged 60 years or older. It is estimated that 18,991 Tennesseans lived with aging caregivers in 2013. These family members are aging and may be unable to continue to provide support for their family member resulting in the need for supports from DIDD. Not rarely this occurs as an urgent or crisis situation. Aging caregiver legislation required DIDD to enroll all those eligible on the waiting list with custodial parents or caregivers age 75 and over into the Self-Determination or similarly capped waiver.

     In addition to the issue of aging caregivers, a very large challenge with the population of people with disabilities living longer is the increased need for dementia care. A recent large study reported the dramatic increased risk of dementia in people with Down syndrome but also people with intellectual disabilities who do not have Down syndrome. This is shown on the attached slide (learning disabilities is the United Kingdom term for intellectual disabilities). Dementia occurs at an earlier age and has a very high prevalence in Down syndrome; however is still higher than in the general population even in the absence of Down syndrome. Caring for a family member with dementia can have a profound impact on the health and wellbeing of the caregiver."
   - DHS – "Increase in investigations results in increased need for services. APS relies on other state agencies and government funded services for protective services for vulnerable adults. The barriers/challenges that currently exist are a lack of services and waiting lists for existing services. As investigations increase, so will the need for services."
   - TDH – "As the challenges of serving a growing aging population increase, maintaining and enhancing public/private partnerships becomes all the more important as well as continued expansion of relationships between state health and aging leadership to improve health outcomes for older adults. It remains important for public health to continue the promotion of integrated opportunities for sustainability and population capacity building in statewide efforts to successfully impact the health of the aging population."
   - TennCare – "The first challenge is an obvious one-a matter of supply versus demand. Will the State have sufficient funding to meet the needs of an aging population who is likely to require LTSS in the future? While the CHOICES program has positioned the State to be able to provide services as cost-effectively as possible, the sheer volume of demand is likely to strain available resources.

     Money is not the only resource that will be stretched however. Already, an aging population is rapidly outpacing the supply of direct support professionals to provide

needed services and supports. Like many states, Tennessee is grappling with how best to recruit and develop an adequate and well-trained workforce, and to establish career pathways that will help to retain quality staff over time.

A sufficient supply of affordable and accessible housing poses a third critical challenge, and is a significant barrier for nursing facility residents who want to move back to the community.

Transportation also continues to be a challenge, especially in rural areas. Adults age 60 and over are outliving their ability to drive safely by an average of seven to ten years. More affordable, accessible, and flexible transportation services are needed-, particularly if we are to provide services in a manner that supports older people in continuing their active engagement in community life."

- TDVS – "Our department continues to strategically plan in the areas of disability benefits, pension management, long term care, and burial benefits. Providing State appropriations continue, we foresee no significant challenges.

  Since the Veterans Healthcare falls directly under our federal partners, our ability to serve aging Veterans in this area is limited to assistance with enrollment and eligibility."

4. Describe future plans for addressing the greatest need of the aging population

- DIDD – "Training through the American Academy of Developmental Medicine and Dentistry is a national program based on a train the trainer model to support caregivers."
- DHS – "APS plans to address the greatest needs to develop a coordinated response. This process includes mapping of all available services which will identify gaps and duplication."
- DMHSAS – "The Department plans to continue to serve this population through its community agencies, its Older Adult Programs and by collaborating with other agencies serving this population in planning for the future."
- TDH – "The Department of Health and aging programs offered through TCAD have worked well together to collaborate to support use of evidence-based programs that address the broad needs of the aging population. Targeted programs for this collaborative work have included Diabetes Self-Management Program and other Chronic Disease Management evidence-based programs.

  The Tennessee Department of Health will continue to coordinate with TCAD other state agencies to participate on existing workgroups and new work groups as necessary to improve planning and coordination across the state and local levels related to the aging population.

  The overarching policy of the Department of Health, through the State Health Plan, has shifted to a focus on primary prevention and social determinants of health across the lifespan. The Department of Health's State Health Plan identified the "Big 4" factors that directly influence the 10 leading causes of death in the state. They are: smoking, obesity, physical inactivity, and substance abuse. These issues affect Tennesseans of all ages and directly influence healthy aging across the state. The Department of Health is working to emphasize primary prevention in these areas in order to prevent the development of chronic disease and is supporting communities in their efforts to improve livability through the development of parks, greenways, sidewalks, and safe streets. These upstream efforts are aiming to ensure all Tennesseans have the opportunity to reach their own personal state of optimal health and maintain that level of health throughout their lives. This upholds the Department's mission to 'protect, promote, and improve the health and prosperity of people in Tennessee.'"

- TennCare – "TennCare plans to address the need of the aging population related to LTSS by continuing to build on the solid foundation that has been established through the CHOICES program, and more recently the Employment and Community First CHOICES program. We will continue efforts to strengthen person-centered planning and practices-with MCOs and with providers, and to transform the culture of service delivery to one that fully aligns with the expectations of the CMS HCBS Settings Rule published in January 2014.

  To promote those efforts, as part of the Quality Improvement in Long-Term Services and Supports (QuILTSS) Initiative, we will, over the course of time, continue to change the way we pay for services to align payment with quality and with value, with particular focus on the member's experience of care and with key system goals around employment and community integration.

  In addition to valuing a well trained workforce as part of reimbursement for LTSS, we are leveraging federal SIM Test grant funding to invest in the development of a comprehensive competency-based workforce development program for deployment through secondary, vocational technical, trade schools, community colleges, and 4-year institutions, offering portable, stackable credentials and college credit toward certificate and/or degree program, combined with a credentialing registry for individuals paid to deliver LTSS. The new program will provide an education path for direct support professionals, with opportunity to both learn and earn by acquiring shorter term, stackable credentials with clear labor market value that are recognized and portable across service settings. It will also provide a career path for direct support professionals, as they continue to build competencies to access more advanced jobs and higher wages. A registry for search by individuals, families, providers and matching based on needs/interests of a person needing support will help to align competencies with member needs and interests, improving the overall member experience.

  As part of its MFP Sustainability Plan, TennCare is also leveraging the Rebalancing Fund created under the MFP Rebalancing Demonstration to launch an affordable housing pilot project to increase the supply of housing available to low income seniors who receive LTSS. The pilot, already in process, offers grants to non-profit housing developers to develop or purchase and rehabilitate income-based single family homes, duplexes, small apartments, etc. targeted to residents receiving Medicaid-reimbursed LTSS."
- TDVS – "For the past few years, we've implemented plans to educate local government leadership on the need to resource a Veterans Service Office within their county. Having a fully resourced office within the County prevents aging Veterans from having to travel long distance to receive assistance with obtaining benefits.

  Our agency has recently been reorganized, creating a classification of Regional Directors, who have become the liaison and direct partner to County Veterans Service Officers (CSO). Having Regional Directors allows the agency to have direct and constant contact with CSOs, who meet face to face with Veterans. In accordance with the Tennessee Code Annotated, our agency trains CSOs upon appointment, and our Regional Directors conduct frequent onsite visits, mentoring, assisting and training to ensure the CSOs are knowledgeable in providing direct support to the Veterans and dependents.

  TDVS is currently underway in transforming CSO offices to prepare and file digital claims. Submitting digital claims significantly reduces the need for paper, envelopes, and postage, while also reducing the time it would normally take to receive the claim application through the US Mail Service. Under this new process, claims prepared today are packaged, forwarded and received on the same day by the USDVA."

5. Describe your funding sources for addressing aging issues.

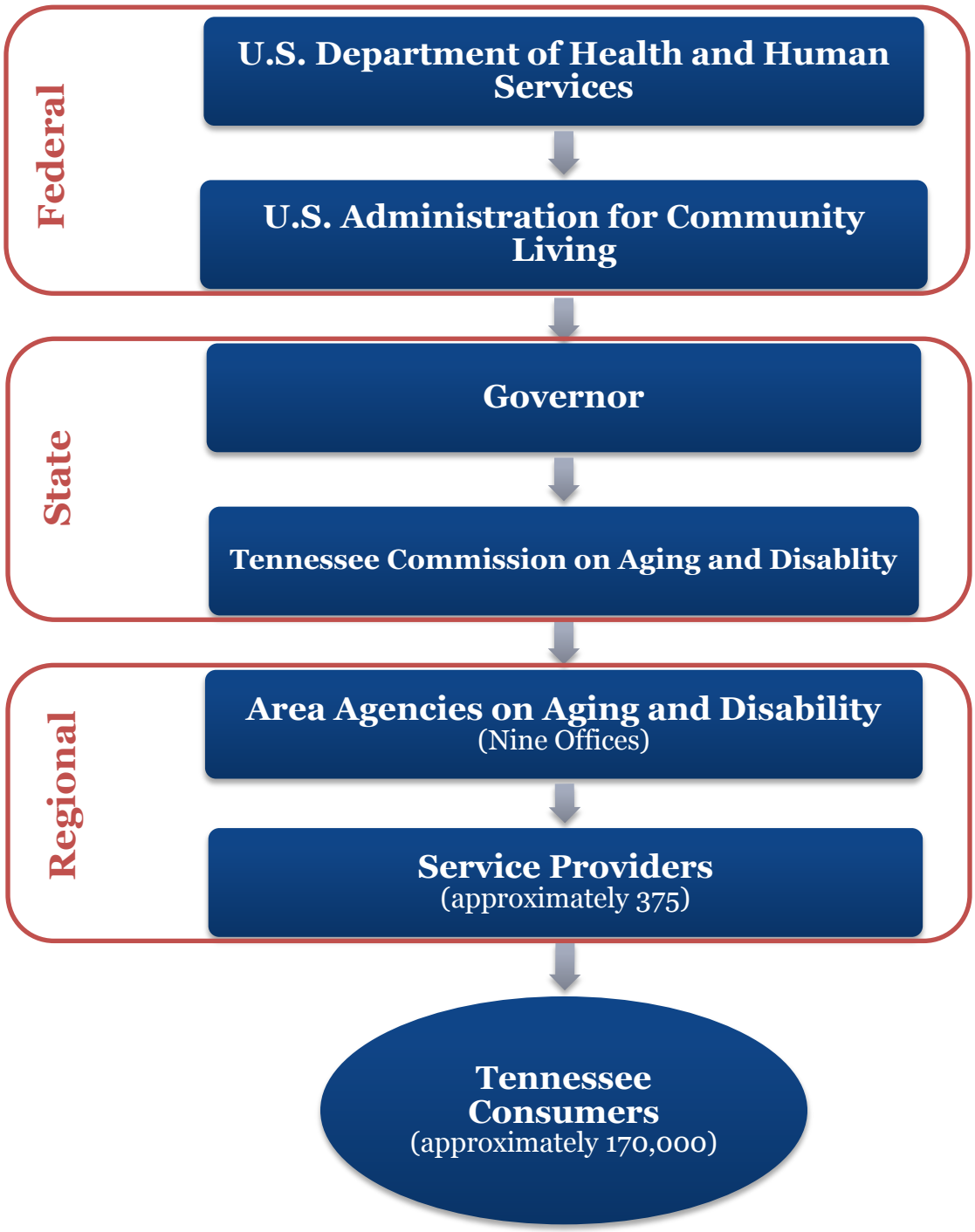
- DIDD – "There are no targeted special funding sources."
- DHS – "APS received funding from TennCare/Medicaid and SSBG (Social Services Block Grant)."
- TDH – See chart below
- TennCare – "Funding for LTSS provided through TennCare programs include State appropriations and a roughly two thirds (2/3) federal match. Additional funding that is helping to drive innovation and quality improvement in LTSS (but not direct services) include the federal State Innovation Model Test grant and the MFP Rebalancing Fund."
- TDVS – "Our agency receives annual State Appropriations. These funds are our primary source for personnel and operations of the department.

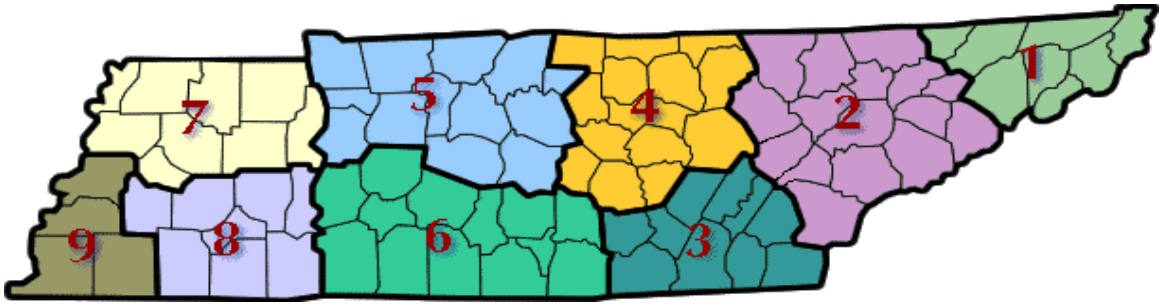
  Our agency also receives federal reimbursements for Veterans who are interred at our State Veterans Cemeteries. These funds are used for maintenance and perpetual care of our cemeteries.

  Our agency currently receives funds for dependent burials directly from the family of the interred. These funds are transferred to the State General Fund.

  Our agency requests and receives reimbursable grants for the construction of State Veterans Cemeteries from the State Grants Program, National Cemetery Administration (NCA). NCA reimburses up to 100% of the development and construction of a new State Veterans Cemetery, but does not fund for acquisition of property or land improvements. The State is responsible for operation the cemeteries with funding outlined above. "

Aging Network





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Bill Gentner, South Central Tennessee Representative

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RULES
OF
TENNESSEE COMMISSION ON AGING AND DISABILITY

CHAPTER 0030-1-7

COST SHARING FOR SERVICES FOR THE ELDERLY PROVIDED THROUGH TITLE III OF THE OLDER AMERICANS ACT

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0030-1-7-.01 PURPOSE.

The purpose of this rule is to establish cost sharing requirements for services funded by the Older Americans Act as authorized by 42 U.S.C. § 3030c-2.

Authority: *T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2.* ***Administrative History:*** *Original rule filed May 24, 2005; effective August 7, 2005.*

0030-1-7-.02 SERVICES EXEMPT FROM COST SHARING.

(1) The following services are exempt from cost sharing:

(a) Information and referral, outreach, benefits counseling, or case management services.

(b) Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.

(c) Congregate and home delivered meals.

Authority: *T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2.* ***Administrative History:*** *Original rule filed May 24, 2005; effective August 7, 2005.*

0030-1-7-.03 COST SHARING AND PARTICIPANT CONTRIBUTION REQUIREMENTS.

(1) Each Area Agency on Aging and Disability, and each service provider involved, shall adhere to these cost sharing requirements for recipients of services funded in whole or in part through the Older Americans Act funded through the Commission on Aging and Disability who can pay all or a portion of the cost of the services rendered.

(2) Each Area Agency on Aging and Disability shall utilize a sliding fee scale developed by the Commission to determine the amount a consumer of service will be asked to pay toward the cost of services he receives.

(3) Except as otherwise provided, each Area Agency on Aging and Disability shall utilize the following sliding fee scale:

(a) Consumers with income less than 200% of the Federal Benefit Rate shall not be subject to cost sharing for services they receive.

(b) Consumers with income at or above 200% of the Federal Benefit Rate shall be asked to pay a percentage of the cost of the services they receive, but the cost share shall not exceed 45% of their income.

(Rule 0030-1-7-.03, continued)

(c) Recipients with incomes greater than 600% of the Federal Benefit Rate may receive information and assistance and other services exempted from cost share listed in 0030-1-7-.02, but shall be asked to contribute 100% of the cost of any additional services they receive.

(4) These cost sharing rules shall ensure that each Area Agency on Aging and Disability and each service provider involved will:

(a) Provide applicants for services with a written description of the cost sharing guidelines prior to the commencement of any services;

(b) Determine the cost share amount based solely on the self-declaration of income with no consideration of assets;

(c) Collect consumers' cost share obligations utilizing an invoice format at least quarterly;

(d) Issue a receipt of payment to any consumer of service making a payment pursuant to these policies;

(e) Safeguard all funds collected through the cost sharing process including a record of accounts receivable for each consumer;

(f) Use methods for receiving cost share payments and contributions that protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of income and to any share of costs paid or unpaid by an individual;

(g) Make a good faith effort to collect cost sharing obligations from consumers of service where feasible and cost effective. If the Area Agency on Aging and Disability finds that collecting a given amount is not cost effective, the Area Agency may waive this amount;

(h) Not deny any service for which funds are received under the Act for an older individual due to income or failure to make a cost share payment;

(i) Ensure that consumers of services who are not subject to cost sharing be given an opportunity to make a voluntary contribution toward the cost of the service being provided.

(5) All income collected in accordance with these rules shall be utilized by Area Agencies on Aging and Disability and each service provider involved to expand the service for which such payment was given.

Authority: *T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2.* ***Administrative History:*** *Original rule filed May 24, 2005; effective August 7, 2005.*

0030-1-7-.04 WAIVER.

(1) An Area Agency may request a waiver to the Commission's cost sharing policies, and the Commission will approve such a waiver, if the area agency can adequately demonstrate that—

(a) A significant proportion of persons receiving services under the Act subject to cost sharing in the planning and service area have incomes below the poverty level; or

(b) Cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging and Disability.

(Rule 0030-1-7-.04, continued)

Authority: *T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2.* ***Administrative History:*** *Original rule filed May 24, 2005; effective August 7, 2005.*

Financial Plan

	Title III and Title VII	Other Resources	Total Budget
Total Resources to be used for State Agency Administration			
Older Americans Act - III & VII			
State Administration	1,134,900	1,590,000	2,724,900
Elder Abuse	25,000		25,000
Other Funding Sources			
Insurance Couseling		236,000	236,000
Total State Agency Administration	$1,159,900	$ 1,826,000	**$ 2,985,900**
Total Resources to be used for Substate Planning and Service Delivery (Area Agencies on Aging and Contract Service Providers)			
Federal Funds			
Federal Title III	20,755,900		
Federal Title VII	378,700		
NSIP Reimbursement	1,544,100		
Insurance Counseling and Outreach	1,412,100		
	$24,090,800		$24,090,800
State Funds			
Senior Citizen Centers		1,250,000	
State In-Home Services		1,362,000	
Guardianship		1,010,000	
Home & Community Based Services		9,590,800	
		$ 13,212,800	$ 13,212,800
Total Area Agencies on Aging			**$ 37,303,600**
Total Resources			**$40,289,500**

TENNESSEE COMMISSION ON AGING AND DISABILITY

Title VI of the Civil Rights Act of 1964

IMPLEMENTATION PLAN

2016

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Attachments:

- TCAD Organizational Chart
- EEOC Detail
- Nondiscrimination Policy
- Complaint Form
- Grants 2016 (FFA)
- Subrecipients and Vendors
- Data Collection and Analysis
- Training on Title VI
- Title VI Data Form (Self-Survey)
- TCAD Commission Members

INTRODUCTION

The purpose of the Title VI implementation plan of the Tennessee Commission on Aging and Disability is to outline a process for identifying areas where services need to be more accessible and to specify policies and strategies for system improvement. This Implementation Plan is designed to meet requirements under T.C.A. subsection 4-21-203.

1. Overview

- Mission Statement

  The Tennessee Commission on Aging and Disability (TCAD) brings together and leverages programs, resources and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disability.

  The General Assembly created the Tennessee Commission on Aging to plan, develop, and administer the Older Americans Act. In 2001, the General Assembly passed Public Chapter 397 renaming the agency the Tennessee Commission on Aging and Disability and expanding the commission's authority to include services to adults with disabilities.

  The Older Americans Act (OAA) provides federal funds for administration and direct services. These services include congregate and home delivered meals, protection of elder rights, supportive and in-home care, senior centers, transportation, information and assistance, and family caregiver services. The Commission also administers federal funds from the Centers for Medicare and Medicaid Services (CMS) to operate the State Health Insurance Assistance Program (SHIP), which provides consumer education and counseling about Medicare, and all other related health insurances. The commission also administers state funds for multi-purpose senior centers, Public Guardianship, homemaker, and personal care services and home-delivered meals as a part of Options for community living. (See the end of part 1 for the Organizational Chart.)

- Nondiscrimination Policy

  Pursuant to the State of Tennessee's policy of nondiscrimination, TCAD will not discriminate against its program beneficiaries or participants on the basis of race, sex, religion, color, national origin, age, disability or veteran status as required by applicable federal and state laws and regulations. Persons wishing to file a complaint under 42 U.S.C. ss2000d, TCA ss4-21-203 should direct such complaints to Title VI Compliance Officer, Tennessee Commission on Aging and Disability, 502 Deaderick Street, 9th floor, Nashville Tennessee 37243-0860. Complaints can also be directed to the Tennessee Human Rights Commission, Title VI Compliance Officer, Tennessee Tower, 312 Rosa Parks Ave., 23rd Floor, Nashville, TN 37243, Phone: (615) 741-5825. Americans with Disabilities Act inquiries or complaints should be directed to the Tennessee Commission

on Aging and Disability ADA coordinator at 502 Deaderick Street, 9th floor, Nashville, Tennessee 37243-0860, Phone: (615) 741-2056.

Assistance for those with hearing and visual impairments is available through the Tennessee Relay Center at 1-800-0299.

Pursuant to the State of Tennessee's policy of nondiscrimination, TCAD will not discriminate against current and potential employees on the basis of race, sex, religion, color, national origin, age, disability or veteran status, as required by applicable federal and state laws and regulations. Persons wishing to file a complaint under 42 U.S.C. ss2000d, TCA ss4-21-904 should direct such complaints to Title VI Compliance Officer, Tennessee Commission on Aging and Disability, 502 Deaderick Street, 9th floor, Nashville, Tennessee, 37253-0860, Phone 615 741-2056. Complaints can also be directed to the Tennessee Human Rights Commission, Title VI Compliance Officer, Tennessee Tower, 312 Rosa Parks Ave., 23rd floor, Nashville, TN 37243, Phone 615-741-5825.

2. Definitions of words often used in discussing disability and aging issues and programs:

1. Abuse - The willful:
   (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or
   (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
2. Adult Child with a Disability - A child who--
   (A) is 18 years of age or older;
   (B) is financially dependent on an older individual who is a parent of the child; and
   (C) has a disability.
3. Aging Network is described in the Older Americans Act and means the network of--
   (A) State Agencies, Area Agencies, title VI grantees[1], title III grantees and the Administration on Community Living; and
   (B) organizations that--
      i. are providers of direct services to older individuals; or
      ii. are institutions of higher education; and
      iii. receive funding under the Older Americans Act.
4. Area Agency on Aging and Disability - An Area Agency designated under section 305(a) (2) (A) of the Older Americans Act or a State Agency performing the functions of an Area Agency under section 305(b) (5) of the Older Americans Act.

[1] Title VI of the Older Americans act was established to meet the unique needs and circumstances of American Indian elders on Indian reservations, by establishing requirements for Indian tribal organizations to receive a grant for services for older Indians that are comparable to services provided under Title III of the Older Americans Act.

5. Assistive Technology - Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations.
6. Assurance - A written statement or contractual agreement signed by the agency head in which a recipient agrees to administer federally assisted programs in accordance with civil rights laws and regulations.
7. Beneficiaries - Those persons to whom assistance, services, or benefits are ultimately provided.
8. Board and Care Facility - An institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e (e)).
9. Caregiver - An individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law.
10. Caretaker - A family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) uncompensated care to an older individual who needs supportive services.
11. Case Management Service--

(A) A service provided to an older individual, at the direction of the older individual or a family member of the individual—

(i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and

(ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

(B) Includes services and coordination such as--

(i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

(ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services--

(I) with any other plans that exist for various formal services, such as hospital discharge plans; and

(II) with the information and assistance services provided under this Act;

(III) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

(IV) periodic reassessment and revision of the status of the older individual with--

a) the older individual; or

b) if necessary, a primary caregiver or family member of an older individual; and

(V) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

12. Civil Rights Compliance Reviews - Regular systematic inspections of agency programs conducted to determine regulatory compliance with civil rights laws and regulations. Compliance reviews determine compliance and noncompliance in the delivery of benefits and services in federally-assisted programs. These reviews help to measure the effectiveness of agency civil rights programs. They identify problems, such as denial of full benefits, barriers to participation, disparate treatment, lack of representation on advisory boards and planning committees, lack of information, and denial of the right to file a civil rights complaint.
13. Complaints - A verbal or written allegation of discrimination which indicates that any federally assisted program is operated in such a manner that it results in disparate treatment of persons or groups of people because of race, color, or national origin.
14. Compliance - The fulfillment of a program, law or other regulatory requirement.
15. Conciliatory Agreement - A voluntary agreement between a federal agency and the state or between the state and a sub recipient that provides for corrective action to be taken by a recipient to eliminate prohibited actions in any program receiving federal assistance.
16. Contractor - A person or entity that agrees to perform services at a specified price.
17. Disability - A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:
    (A) self-care,
    (B) receptive and expressive language,
    (C) learning,
    (D) mobility,
    (E) self-direction,
    (F) capacity for independent living,
    (G) economic self-sufficiency,
    (H) cognitive functioning, and
    (I) emotional adjustment.
18. Discrimination - To make any distinction between one person or group of persons and others, either intentionally, by neglect, or by the effect of actions or lack of actions based on race, color, or national origin.

19. Elder Abuse, Neglect and Exploitation - The abuse, neglect, and exploitation, of an older individual.
20. Elder Abuse - Abuse of an older individual.
21. Exploitation - The illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit, or gain.
22. Federal Assistance - Any funding, property, or aid provided for the purpose of assisting a beneficiary.
23. Focal Point - A facility established to encourage the maximum collocation and coordination of services for older individuals.
24. Frail - With respect to an older individual in the State, that the older individual is determined to be functionally impaired because the individual--
    (A)
        (i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
        (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or
    (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
25. Greatest Economic Need - A need resulting from an income level at or below poverty line.
26. Greatest Social Need - A need caused by non-economic factors, which include--
    (A) physical and mental disabilities;
    (B) language barriers; and
    (C) cultural, social, or geographical isolation, including isolation caused by
    (D) racial or ethnic status, that:
        (i) restricts the ability of an individual to perform normal daily tasks; or
        (ii) threatens the capacity of the individual to live independently.
27. Indian - A person who is a member of an Indian tribe.
28. Information and Assistance Service - A service for older individuals that—
    (A) provides the individuals with current information about opportunities and services available to the individuals within their communities, including information relating to assistive technology;
    (B) assesses the problems and capacities of the individuals;
    (C) links the individuals to the opportunities and services that are available;
    (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
    (E) serves the entire community of older individuals, particularly--
        (i) older individuals with greatest social need; and
        (ii) older individuals with greatest economic need.

29. Information and Referral – Information that links the individual to the opportunities and services that are available within their community.
30. Institution of Higher Education - has the meaning given the term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).
31. Legal Assistance – Direct provision of legal advice and representation by an attorney; other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and, counseling and representation by a non-lawyer where permitted by law.
32. Long-Term Care Facility - means
    (A) any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a));
    (B) any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r (a));
    (C) for purposes of sections 307(a) (12) and 712, a board and care facility; and
    (D) any other adult care home similar to a facility or institution described in sub-paragraphs A) through (C).
33. Minority - A person or group of persons differing from others by race, color or national origin. Other legislation has defined minority status for other protected classes. Title VI focuses is only on race, color and national origin.
34. Multipurpose Senior Center - A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
35. Neglect - means
    (A) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or
    (B) the failure of a caregiver to provide the goods or services.
36. Noncompliance - Failure or refusal to comply with Title VI of the Civil Rights Act of 1964, other applicable civil rights laws, and implementing departmental regulations.
37. Nonprofit - As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which ensures, or may lawfully ensure, to the benefit of any private shareholder or individual.
38. Older Individual - An individual who is 60 years of age or older.
39. Parity - The proportion of minority participation to the minority eligible population of a service delivery point is the same as the proportion of non-minority participation to the non-minority eligible population of the same delivery point.
40. Physical Harm - Bodily injury, impairment, or disease.
41. Planning and Service Area - An area designated by a State agency under section 305(a) (1) (E), including a single planning and service area described in section 305(b) (5) (A).

42. Post-award Review - A routine inspection of agency programs during and after federal assistance has been provided to the beneficiary or recipient. These reviews may be cyclical or based on a priority system contingent upon the potential for noncompliance in individual programs. Reviews are normally conducted through on-site visits; however, desk audits and other mechanisms may also be used to assess operation of federally assisted programs. A post-award review may result in a written report that shows the compliance status of agency program offices and recipients. When necessary, the report will contain recommendations for corrective action. If the program office or recipient is found to be in noncompliance, technical assistance and guidance must be provided to bring the recipient into voluntary compliance. If voluntary compliance cannot be secured, formal enforcement action is then initiated.
43. Potential Beneficiaries - Those persons who are eligible to receive federally assisted program benefits and services.
44. Poverty Line - The official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
45. Pre-award Review - A desk audit of the proposed operations of a program applicant for federal assistance prior to the approval of the assistance. The department must determine that the program or facility will be operated such that program benefits will be equally available to all eligible persons without regard to race, color, or national origin. The applicant may provide methods of administering the program designed to ensure that the primary recipient and sub recipients under the program will comply with all applicable regulations, and correct any existing or developing instances of noncompliance. If the documentation provided by the applicant for the desk audit is inadequate to determine compliance, then an on-site evaluation may be necessary.
46. Public Notification - Process of publicizing information about the availability of programs, services and benefits to minorities and statements of nondiscrimination. This is attained through use of newspapers, newsletters, periodicals, radio and television, community organizations, and grassroots and special needs directories, brochures, and pamphlets.
47. Recipient - Any state, political subdivision of any state, or instrumentality of any state or political subdivision, any public or private agency, institution, or organization, or other entity or any individual in any state to whom federal financial assistance is tended, directly or through another recipient, for any program, including any successor, assignee, or transferee thereof, but not including any ultimate beneficiary under such program.
48. Registered Guardian – Registered guardian certification is awarded upon successful completion of a two year course overseen by the National Guardianship Foundation. The certification is a means of demonstrating to the public, consumers and the courts that the guardian has sufficient skill, knowledge and understanding to be worthy of the responsibility entrusted to them.

49. Representative Payee - A person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
50. Service Delivery Area - The area served by a service delivery point in the administration of federally assisted programs.
51. Service Delivery Point - The place in which federally assisted program services or benefits are administered to the public.
52. Severe Disability - A severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that--
    (A) is likely to continue indefinitely; and
    (B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8).
53. State Agency - The agency designated under section 305(a) (1) of the Older Americans Act.
54. Supportive Service - A service described in section 321(a) of the Older Americans Act.
55. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d-4 - Federal law prohibiting discrimination based on race, color, or national origin. It covers all forms of federal aid except contracts of insurance and guaranty. It does not cover employment, except where employment practices result in discrimination against program beneficiaries or where the purpose of the federal assistance is to provide employment.

3. Federal Programs or Activities

The aging network programs are the result of federal, state and local funding. The Older American's Act (OAA) provides the statutory authority for the Administration on Aging (AoA) to make rules and grants to State Units on Aging (SUAs). In a reorganization effort, the US Department of Health and Human Services combined AoA programs with the Administration on Intellectual and Developmental Disabilities, since some of the issues like livable communities, transportation, and independent living choices are similar. USHHS called the new agency the Administration for Community Living (ACL). ACL and AoA terms are used interchangeably, in this plan

Total federal funding includes, Title III Older Americans Act and Title VII Elder Abuse funds, the Veterans Administration and Discretionary grants from the Administration on Aging, and for Aging and Disability Resource Centers (ADRC) for options counseling. the Administration for Community Living assumed leadership of the State Health Insurance assistance Program from the Center for Medicare and Medicaid Services.

The nine (9) Area Agencies on Aging and Disability (AAADs or Area Agencies) in Tennessee serve as the Aging and Disability Resource Centers (ADRCs), the single point of entry for the services provided through the Older Americans Act, the state-funded Options for Community Living Program, the State Health Insurance Information Program, and the Public Guardian for

the Elderly Program. The AAADs are funded directly by TennCare to serve as a point of entry for the TennCare CHOICES program.

A. 1.Older Americans Act Programs (OAA)

Older Americans Act (OAA) funds provide, in addition to a comprehensive array of services, the administrative infrastructure to deliver all OAA programs. As the designated state unit on aging, TCAD receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Aging (AoA) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine Area Agencies on Aging and Disability (AAADs) based on an approved intrastate funding formula. The AAADs plan, develop, and implement a system of services for older persons age 60 and over in their respective Planning and Service Areas (PSA). They also oversee multi-purpose senior center activities. This comprehensive and coordinated system of services is described in the AAAD's Area Plans. OAA programs administered by TCAD include:

- OAA Title III–B Supportive Services/In- Home Services

  Supportive services funds provide a wide range of social services aimed at helping older people remain independent in their own homes and communities. Some of the services offered under Titles III-B of the Act include services such as information and assistance, transportation, case management, legal assistance, adult day care and activities in senior centers.

- Information and Assistance

  TCAD contracts with the nine Area Agencies on Aging and Disability (AAADs) to provide information, assistance, referrals, initial screening for program eligibility, and long term care options counseling. The AAADs act as a single point of entry for federal and state programs. Information and Assistance is provided directly by the AAADs. This service may be accessed through the toll free, statewide number 1-866-836-6678.

- Legal Assistance

  Provides legal advice and representation by an attorney to older individuals and includes counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Clients may be referred to a private attorney after screening by legal staff to determine if the needed services fall within the predetermined case-handling priority guidelines. Referrals may also be made to another community service provider. Public education is also provided.

- OAA Title III–C Nutrition Services
  Nutrition Program for the Elderly
  Nutrition Services provide meals and socialization to older persons in congregate settings such as senior centers or senior housing. Home delivered meals are also provided to eligible older people in their own homes. The purposes of the program are to reduce hunger and food insecurity, promote socialization among older people, and provide meals to frail consumers in their homes.

- Senior Centers
  Another important part of Tennessee's Aging Network are multipurpose Senior Centers that serve as local community focal points for aging activities in at least one location in each of Tennessee's 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Senior Centers in Tennessee are supported through a combination of federal, state and local funds.

- OAA Title III–D Disease Prevention and Health Promotion
  Disease Prevention and Health Promotion
  TCAD contracts with the nine (9) AAADs to provide health promotion activities across the state. Individual or group sessions, most often conducted at senior centers, assist participants to understand how their lifestyle impacts their physical and mental health and to develop personal practices that enhance their total well-being, including physical, emotional and psychosocial factors. The Administration on Community Living now requires that OAA funded health promotion and disease prevention activities be evidence-based.

- OAA Title III–E National Family Caregiver Support Program
  National Family Caregiver Support Program
  This program assists family caregivers caring for persons over the age of 60 or to grandparents or other older individuals who are relative caregivers. The Caregiver program provides information and assistance, individual counseling, respite and supplemental services on a limited or one time basis.

- OAA Title IV Activities for Health, Independence, and Longevity

  TCAD continues to pursue plans to develop and enhance the awareness of the services provided by the AAAD in order that the public will recognize the AAAD as a trusted, objective, reliable source of information and assistance for aging and

disability services. There is also a push to create an integrated assess point for Aging and Disability Recourses within the State of Tennessee for the aging population related to livability communities that allow people to maintain their independence as long as possible. Improvements in housing, transportation, caregiver support, wellness and/or disease prevention are some of the focal areas.

- **OAA Title VII Elder Rights Protection**

  Elder Rights

  TCAD advocates for the protection of older Tennesseans from physical and emotional abuse, theft, negative stereotyping, and discrimination. The Tennessee Vulnerable Adult Coalition (TVAC) was established in 2008, to bring the state's public and private agencies together to promote the collaboration necessary to prevent abuse, neglect and exploitation of vulnerable adults.

  Long Term Care Ombudsman

  The state and nine (9) District Long Term Care Ombudsmen are advocates for older persons residing in nursing homes, residential homes for the aged and assisted care living facilities. The Ombudsman is available to help qualified residents of long-term care facilities when residents and their families cannot resolve their problems through consultation with the facility staff or governmental agencies involved. Trained Volunteer Ombudsman Representatives are a component of this program.

(A) Administration on Community Living

The Tennessee Commission on Aging and Disability (TCAD) is directed by the Administration on Community Living to designate 9 Area Agencies on Aging to plan for and provide or broker all of the services (programs) listed in this section. Under the Older Americans Act, receiving funding for the Older Americans Act (OAA) programs listed these nine sub-recipients. Seven of the 9 are located in development districts, one is located in Memphis/Shelby county government and one is located in the East Tennessee Human Resource Agency. ACL also funds the State Health Insurance Assistance Program (SHIP) to the 9 Area Agencies for this service, with the exception of the Southwest Area where the contract is with the 211 agency.

(B) Discretionary Grants

The TCAD applies for discretionary funds from the Administration on Community Living as well as other sources to explore evidence-based programs and/or innovative initiatives. These grants are usually limited to 2 or 3 years. When the discretionary grant announcements are made, there is usually a 6 to 8 week turn-around time for a response. TCAD follows the Office of Contract Review guidelines for all contracts. The Aging and Disability Resource

Centers (from ACL) provide funds to assist Area Agencies in implementing options counseling strategies in participating agencies.

- U.S. Veterans Administration
  Veterans-Directed Home and Community Based Services (VDHCBS) provides the veteran with access, choice, and control over his/her long-term care services such as hiring his/her own personal care assistants, deciding what combination of services best meet his/her needs and or purchasing items and services that will help the veteran live independently in the community. To accomplish this TCAD contracts with PPL as a third party administrator to manage the veteran's budget, and to provide payroll and background check to caregivers and assistants. PPL provides benefit management services for the state-funded Options for community living in areas where self-directed care is offered. The contracts with the Area Agencies are based on a fee for service so the total amount for each contract is the top limit of the contract.

The following are not applicable for the Tennessee Commission on Aging and Disability:

(i) Federal grant that is not a program activity and how it is used, N/A
(ii) Loans equipment training resources, land from feds. N/A

4. Organization of the Civil Rights Office/Civil Rights Coordinator

A. Title VI Planning and Compliance, Staffing and Duties

The function of the Title VI Coordinator is comprised of several activities, planning, compliance, technical assistance, outreach and training. The planning function is covered in the Area Plan submitted to TCAD annually. The plan must indicate how the AAADs (subcontractors) intend to make services accessible to minority older adults or adults with disabilities. Evaluation of the Area Plans and Targeting Plan is addressed in the compliance function of the Title VI coordinator for TCAD. Training is achieved through in-service training on relevant topics applicable Title VI by the TCAD Title VI Coordinator. Technical assistance and outreach is offered by both program (program consultants) and compliance (monitoring) staff. For example, when an Area Agency's outreach efforts have not demonstrated effective participation in the programs that are offered, then the monitoring staff or the person with the program oversight at the state level offers technical assistance. TCAD is a small agency so both program and compliance work jointly on solutions.

B. Staffing, Duties, and Responsibilities

- Planning
  Since Title VI impacts all of the programs provided by TCAD contractors, it is more than signage and a lack of complaints. The many services offered through the AAADs allow older persons to remain in their own homes; therefore, it is

crucial that these services be accessible to all Tennesseans. As a part of their annual update of the four-year plan, AAADs are required to outline their plans and strategies to reach all Tennesseans. As a result, the AAADs submit a Title VI implementation plan as a part of their Area Agency Plan. In addition, the Area Plans outline minority contractors, as well as minority staff as a part of their staffing plan. Each Area Agency has a designated Title VI coordinator. In addition to the Title VI requirements, Area Agencies are required by the Older Americans Act (OAA) to target low income, rural and minority populations. Area Plans are reviewed by TCAD staff prior to their approval to assure that the agency has addressed all the ACL requirements, including a targeting plan.

- Compliance

  The compliance portion of the job duties include reviewing Area Plans prior to a sight visit as well as looking at current census data, and comparing census data with participation in funded programs. The Title VI review is a part of an annual monitoring that is conducted with each Area Agency on Aging and Disability, either on-site or as a desk review. The review is an opportunity to look for areas of improvement as well a chance to identify effective best practices in outreach. The Area Agencies on Aging are charged with locating community focal points where the public is most likely to encounter some aspect of the aging network, such as Information and Assistance Services, Senior Centers, and Nutrition. This is to ensure that older Tennesseans and adults with disabilities have access to needed programs. In addition, part of the program monitoring process assures that Title VI training is conducted at least annually, with providers, vendors and staff. Some of the Area Agencies provide Title VI training at each of their quarterly provider meetings.

- Training

  The Title VI Coordinator provides training to the TCAD staff as well as training and technical assistance to the Title VI coordinators (often the Quality Assurance monitors) for the area agencies. In addition, training materials PowerPoints are provided to Area Agency Coordinators. The FY 2016 annual TCAD staff Title VI training was conducted by the Agency's Title VI Coordinator, Kennettra Golden, on June 3, 2016. All full-time staff was in attendance with the exception of two individuals who were out of state on agency business of the training date.

- Outreach

  In an effort to increase outreach to minority populations, this past year one of TCAD's Program Coordinators was assigned to outreach to minority, faith-based organizations. This resulted in meetings between faith leaders, program staff and

TCAD's executive director to make the ministers and bishops more aware of the programs that are offered through the area agencies and to listen to them regarding how to best reach their congregations concerning healthy aging, and the information and resources available through the Area Agencies. TCAD is in the final phase of completing a "Community Resource Guide" a toolkit that will distribute to faith-based entities to promote sharing information with their congregations about programs and services available through the ADRC.

- Technical Assistance
  In reviewing data as a part of the monitoring process, care is taken to see if programs are reaching minorities and other populations in their targeting plan. If this becomes a continuing issue, even after several technical assistance visits or phone calls, then a finding is documented.

  Technical assistance may also be requested as a preemptive effort, if a program is aware that they are missing some targets.

5. Data Collection and Analysis

Each AAAD enters participation information into the SAMS database for their various programs and services. The intent of analysis by Title VI coordinators and Area Agency staff is to review the data and compare to community demographic figures. This data identifies areas of under service, which TCAD can address by training and technical assistance.

5. A.1. The State Health Insurance assistance Program (SHIP) provides non-biased analysis of Medicare plans to assist beneficiaries in selecting the policy that best meets their needs. The SHIP numbers for the State of Tennessee for FY2015-2016 indicate that the encounters with 81,506 beneficiaries of this program involved encounters with 77.5% non-minority and 11.1 % minority. Eleven entities to report SHIP data offered racial/ethnic descriptions. Six of the eleven supplied data accounts within a range of 96% to 100%. The other entities had larger percentages of information on the beneficiaries incomplete. This explains the reason for the variance from the total cited. Nationally the typical SHIP consumer is described as a 70 year old white female.

5. A.2. Data for the ACL programs are collected in a standardized system, Social Assistance Management Software (SAMS). The information reported in Appendix reflects the number of beneficiaries receiving Case Management Services. Case Management services are the gateway to access for home and community based services and the best measurement of unduplicated participants in the programs. This is reported for the state as a whole and by Area Agency. The statewide figures represent minority participation in case management service at 21.11% of participants.

5. B.1. Minority Representation Agency Staff

Of the 26 full-time employees working for the Commission, 12 are Executive Service and 14 are Preferred Service. There are 3 vacant positions currently with the Commission. Six minorities comprise 23% of the workforce.

5. B.2. There are twenty-one Commission Members with one minority person whose four year term started as of August 2016.

5. B.3. Identifying potential participants (planning and compliance)

Each Area Agency, as a part of their Area Agency Plan, designs a targeting plan, which focuses on minority, poor, and rural populations (Exhibit C-3 Area Plan Format). Exhibit C-4 requires the agency to draft a Title VI plan. Area Plans are for four years with an annual update that reports on the results of the goals, objectives and strategies of the past year, and updating any information.

5. B.4. Participation Data

Minority participation as measured by enrollment in case management services equaled 21.11% for state fiscal year 2015-2016. During the same period a number of participants on average coded as unknown or missing race/ethnicity entries amounted to 2.91%. There is more extensive data that reveals the characteristics of elderly clients who receive registered services from cluster 1 (in-home) and cluster 2 (community) of OAA programs is found in the State Report which incorporates all types of program information. This data has also been included for review. The data for 2016 will not available at the time of this report.

6. Discriminatory Practices

It is the policy and intention of TCAD to comply fully with Title VI of the Civil Rights Act of 1964 and to require similar compliance from the aging and disability services network in Tennessee.

Prohibited practices include:

- Denying any individual any services, such as: Adult Day Care, Medication Management and Education, Case Management, Outreach, Chore Services, Personal Care, Congregate and Home Delivered Meals, Personal Emergency Response Systems, Homemaker Services, Respite Care, Legal Assistance, Support Groups for Caregivers, Long-Term Care Ombudsman, Transportation, Minor Home Modification / Repair based upon their race, color or national origin.
- Denying anyone the opportunity to serve as a volunteer, advisor, or member of a policy board, or hold positions of leadership, or other benefit for which he/she is otherwise qualified based upon their race, color or national origin.

- Providing any individual with a service, or other benefit, which is different or is provided in a different manner from that which is provided to others, such as the selection of menu items, the mode or style of service, or the manner of conveyance in transportation based upon their race, color or national origin.
- Subjecting any individual to segregated or separate treatment in any manner related to his/her receipt of service, including congregate meals in separate sites or facilities, senior center services in separate sites or facilities, or employment services in separate sites or facilities based upon their race, color or national origin.
- Restricting an individual in any way in the enjoyment of services, facilities or any other advantage, privilege, or other benefit provided to others under the program based upon their race, color or national origin.
- Adoption of administrative methods which limit participation by any group of recipients based on their race, color or national origin.
- Adoption of administrative methods which limit participation in submitting bids for services and receiving contracts or subcontracts; and personnel practices such as hiring, firing, and granting raises due to race, color or national origin.
- Addressing any individual in a manner that denotes inferiority because of race, color, or national origin.

7. Limited English Proficiency Policy:

The Tennessee Commission on Aging and Disability (TCAD) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have access and an equal opportunity to participate in agency services and programs benefitting adults with disabilities and older Tennesseans. This policy provides for communication of information contained in vital documents including but not limited to: Interpreters, translators or other aids needed to comply with this policy shall be provided without cost to the person being serviced. The cost for such service will be billed through the state contracted entity (AVAZA) to provide this service.

All staff is provided a copy of this policy and procedure, and personnel that have direct contact with LEP individuals are trained in effective techniques, including the effective use of an interpreter. TCAD requires Area Agencies to review language needs of their service population in their Area Plans and plan updates.

In addition to the policy, TCAD has an assigned Project Manager with AVAZA, who assists in providing assistance, information and additional posters for use on site at AAADs and other focal points.

Information and Assistance staffs (located at the Area Agencies) are required to seek and maintain certification through the Association of Information and Referral Services (AIRS certification). Of the 26, full-time TCAD employees, five are Certified Information and Referral

Specialist (CIRS) general certifications for Information and Information while three is also a Certified Information and Referral Specialist – Aging and Disability (CIRS-AD). LEP is a part of the training and exam in AIRS certification.

Procedures:

- The TCAD contracts with AVAZA Language Services to provide effective training to Area Agency Staff and TCAD staff in the use of competent interpreter services.
- In order to assure contractor compliance, Area Agencies on Aging and Disability (sub-recipients) provide training in the LEP policy and the use of AVAZA services to reach people whose first language is not English as a part of the Area Agency's regular Title VI provider training.
- Most inquiries regarding access to services are by phone, through the Information and Assistance staff at the Area Agencies on Aging and Disability, who are certified by the Alliance of Information and Referral Systems. Information and Assistance staff is trained in the use of AVAZA services.

8. Complaint Procedures Title VI Complaint Process

A. Complaints and Lawsuits

There were no reported complaints or lawsuits filed with TCAD alleging discrimination on the basis of race, color or national origin in any federally funded program filed in fiscal year July 1, 2015 through June 30, 2016 by any TCAD subrecipients.

B. Procedures

A complaint alleging discrimination against a program or service funded through TCAD may be filed as an internal complaint or as an external complaint, i.e., the complaint may be filed at the (1) AAAD or other grantee agency level, (2) the Tennessee Commission on Aging and Disability level (3) the Tennessee Human Rights Commission or (4) the federal level (Regional Office for Civil Rights, U.S. Department of Health and Human Services). The first two avenues for complaint filing are internal and the next two are external to the aging and disability services network.

"Any family member, service recipient or legally authorized representative on behalf of a service recipient, who applies for or receives any benefit or service provided by the AAAD or TCAD may file a complaint of discrimination on the basis of race, color, or national origin."

A. Filing a complaint:
   - ❖ Any individual or his/her representative may file a discrimination complaint with the local Area Agency on Aging and Disability, or the Tennessee Commission on Aging and Disability.

- ❖ Complaints may also be filed with the Tennessee Human Rights Commission or with the Regional Office of the U. S. Department of Health and Human Services.
- ❖ A complaint may be filed at both the state and the federal levels, separately or concurrently, at any time during the process.
- ❖ The complaint may concern discriminatory practices or actions on the part of TCAD or sub-recipients, vendors or providers. TCAD will investigate each complaint promptly to determine whether or not it is justified and, if justified, what corrective action is appropriate.
- ❖ All Title VI complaints received by TCAD will be forwarded to the Tennessee Human Rights Commission to keep them informed.

A complaint alleging discrimination against a program or service funded through TCAD may be filed as an internal complaint or as an external complaint, i.e., the complaint may be filed at the (1) AAAD or other grantee agency level, (2) Commission level (3) the Tennessee Human Rights Commission or (4) the federal level (Regional Office for Civil Rights, U.S. Department of Health and Human Services). The first two avenues for complaint filing are internal and the next two are external to the aging and disability services network.

Complaints must be filed in writing. The form can be filled out by the complainant or by his/her representative, or by the Title VI coordinator. A copy of the complaint must be sent to the Title VI coordinator at TCAD. A copy should also be retained by the AAAD or other grantee agency coordinator for the agency files. If the complainant is unwilling to complete the form, he/she may write, or have written, a letter stating the circumstances of the complaint. The form must then be filled out by the Title VI coordinator and should be attached to the complainant's letter.

Any coordinator handling complaints must maintain a Title VI complaint log to show identifying information, type, and status of each complaint filed. The coordinator has the primary responsibility for receiving, acknowledging, investigating complaints and for reporting the findings. The coordinator must notify the Title VI coordinator at the Commission office when a complaint is filed.

Complaints which initially are received by the Title VI Coordinator at TCAD will be delegated to the appropriate grantee agency where the complaint originated for first level investigation.

When a complaint is received at the AAAD or other grantee agency level, the coordinator will complete a fact-finding investigation within 30 calendar days of receipt of the complaint and report the findings to the agency director. If the investigation does not find a Title VI violation, the AAAD reports, within five (5) days, the findings to the Commission and to the complainant. If the investigation confirms a violation of Title VI, the agency shall include any proposed remedial action in a complaint response. Within five (5) calendar days after the conclusion of the investigation, a written complaint findings response will be given to the complainant and

TCAD. The complainant's rights to appeal (including instructions for filing) will also be provided at this time.

An appeal by a complainant regarding a complaint finding made at the AAAD or other grantee agency level is referred to TCAD for reconsideration. A copy of the complaint, the findings, the proposed action, and the request for appeal must be forwarded to the Commission Title VI Coordinator within 10 calendar days after the date of the appeal. The TCAD Title VI coordinator must conduct and complete fact-finding within thirty (30) calendar days after receipt of the appeal and convey the findings in writing, to the concerned parties. At this point, a complainant who wishes to pursue the complaint may choose to appeal the charges to the federal level, i.e., the U.S. Department of Health and Human Services. Thus, these appeal rights should be explained to the complainant at this time. Adjudication of the appeal constitutes the last level in the TCAD's internal complaint system.

When an appeal is filed, the Title VI Coordinator shall review an appealed case and make a recommendation to the Executive Director of TCAD. Review may include, but is not limited to, discussing the complaint with the complainant, interviewing the alleged offender, discussion with the initial investigator and review of pertinent material. The complaint can also be filed with the Tennessee Human Rights Commission. When an appeal is concluded, a copy of the findings will be sent to the AAAD or other grantee agency coordinator where the complaint originated and to the complainant.

A federal complaint (to the U.S. Department of Health and Human Services) must be filed no later than 180 calendar days after the alleged discrimination occurred. However, to allow a complainant time to file sequentially within the Aging and Disability network and external to the Department of Health and Human Services if he/she chooses, the complaint should be filed at the Area Agency or other grantee agency level no later than 30 calendar days after the alleged discrimination occurred. If it is filed beyond the 30 calendar day period, the Area Agency or other grantee agency shall investigate and process the complaint at that level if the filing is prompt enough to allow proceedings to be concluded and leave sufficient time for the complainant to file externally. If a complainant wishes to appeal a finding or the proposed remedial action by the agency, he/she should do so within the next 30 calendar days following receipt of the findings. If the appeal is filed beyond the 30 calendar day period, the Commission shall still proceed if the proceedings can be concluded and leave sufficient time for the complainant to file externally. If, after appealing to the Commission, a complainant remains unsatisfied with the findings or the proposed remedial action, then he/she still has time to file externally, with the U.S. Department of Health and Human Services, within their stated time limit of 180 calendar days.

If a complaint is filed simultaneously within the aging network and externally to the U. S. Department of Health and Human Services, the external complaint supersedes the internal

complaint filing; accordingly, the aging network level complaint procedures will be suspended pending the outcome of the external (federal) investigation.

9. Compliance Reviews

The Tennessee Commission on Aging and Disability conducts site and desk reviews of the nine Area Agencies on Aging and Disability and the contracts administered by them. The reviews are conducted in accordance with Policy 2013-007 Grant Management and Subrecipient Monitoring Policy and Procedure from Finance and Administration and the Procurement Office of General Services, using tools developed based on the contract scope of services, and the TCAD Policies and Procedures manual. Title VI reviews are conducted as a part of the Policy 2013-007 Subrecipient Monitoring Policy and Procedures, program assessment and reported as one of the sections in the report. All nine of the subrecipients were reviewed during on site monitoring visits.

Contract amount, sub-recipients as well as vendors are presented in Attachments that follow at the end of this section. The Attachments also include the information listed below in 9.A.1 through 9.A.4

9. A.1. A statement of assurance is included in contract language that outlines the requirement that any compliance report or record be made available for review to the Tennessee Human Rights Commission upon request.

9. A.2 Sub-recipients and Contractors

9. A. 3 New contractors since the last Title VI Implementation Plan:

9. A. 4. Contractual Provisions

TCAD contract, D.8 section:

"The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this grant contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law. The Grantee shall upon request, show proof of such nondiscrimination and shall post in conspicuous places available to all employees and applicants, notices of nondiscrimination."

9. B. Pre-Award Procedures

B.1. Area Agencies on Aging and Disability are designated planning and service areas (PSA's) through a process approved by the Administration on Community Living (ACL); therefore the pre-award is based on approval of an Area Plan that is submitted in April of each year. The Area Plan, in sections C-3 and C-4, describe the results of their Targeting Plan and the agency's Title

VI Implementation Plan. Each Area Plan requires the agency to address target populations as spelled out in the Older Americans Act. These populations include 60+ in poverty, rural, and minority older Tennesseans. As a part of this targeting plan, agencies also review how they will address Title VI, outreach and training. This year the AAADs used a format that is reflective of TCAD's approved 4-year State Plan for the Administration on Community Living.

B.2, Post Award.

For this 4-year Area Agency planning cycle, TCAD asked sub-recipients to submit a modified **Title VI implementation plan** based on the outline of the THRC's implementation plan. This is in addition to the Targeting Plan that is required by ACL, for poor or rural or minority populations. The plan outlines efforts at education and outreach and reports on the results of those efforts. The data reported in these plans are reviewed by the Title VI Compliance Officer when she does the program monitoring as a part of the Policy 2013-007 review of Grants and Subrecipients.

Self-Survey

Attached to this chapter is a copy of the data collection instrument TCAD requires the agency to complete as part of the Title VI review for the annual compliance review.

On-site Reviews

TCAD monitors all sub-recipients on location every year.

Title VI Training

In sections C-3 and C-4 of the Area plan, the AAAD outlines title VI training plans for staff and contractors. In the monitoring process (either on-site or desk review) the sub-recipient provides documentation of that training with agendas and/or handouts.

Public Notice and Outreach

TCAD requires in the Area Plan, exhibit C-4, that the agency describe the procedures for informing the public of non-discriminatory policy, programs and service, complaint procedures, and minority participation on advisory boards.

Outreach

In addition to Title VI outreach, the Area Agency also describes and documents their plans and activities to outreach to OAA required targets of low income, rural and minority populations. The Area Agency boards are comprised of city and county mayors, advisory groups are more flexible as to membership. The composition of the advisory board is viewed as a part of the monitoring review.

D. Procedures for Noncompliance

Agencies that are reviewed and found to be out of compliance with Title VI requirements are given a finding in the Policy 2013-007 review. The agency must state a plan of action to correct the issue in their response to the review. TCAD has 10 days to respond to the plan of correction and accept, reject or negotiate a modification in the plan. TCAD reviews the plan of correction to determine if the time lines and proposed actions are appropriate and provide technical assistance if needed. If requested TCAD will provide technical assistance in responding to the finding.

Whenever possible, TCAD attempts to assist the agency in understanding the requirement and how to craft their response.

10. Compliance/Noncompliance Reporting

(A) There are no other federal or state agencies with whom the TCAD is required to send Title VI compliance reports.

(B) The TCAD reports demographic data to the Administration on Community Living on an annual basis through a State Reporting Tool. The Administration on Community Living (previously known as the Administration on Aging), is established by Older Americans Act, as amended 45 CFR Parts 1321, 1326, and 1328.

(C) The TCAD has received no Title VI audit findings from a state or federal monitoring agency.

11. Title VI Training

A. Title VI training to TCAD staff was provided during an in-service meeting by the TCAD Title VI coordinator on June 3, 2016 with 24 of the 26 full-time employees in attendance. The services provided by TCAD's sub-recipients are not specifically healthcare services; however the meals, personal care, homemaker and respite services allow people to remain in their homes rather than a facility. And the health promotion/disease prevention activities provided by the AAAD's and Senior Centers serve to delay the onset of some diseases.

B. The most recent TCAD training for staff was June 3, 2016, training 24 of 26 staff. TCAD staff is rarely directly involved with client contact, except for the SHIP staff, who works with folks online and on the phone to assist them in finding the best choices for Medicare supplement policies, during open enrollment and the staff who may answer Information and Assistance calls. The Information and Assistance program coordinator also answers questions and solves issues for people who call TCAD needing information. Most of the aging program coordinator staff is responsible for managing one or more of the Title III programs and possibly a discretionary grant

or two. As a part of program management, they engage actively in the monitoring process and look carefully at participation of protected groups in their programs. A total of 92% of the TCAD staff were trained in the June training.

TCAD requires the nine (9) sub-recipients to provide training to their contractors, vendors and providers. The Title VI coordinator at TCAD provides technical assistance and occasionally provides training for the sub-recipients.

C. The projected date for Title VI training for TCAD staff is during the month of April or May 2017, needing to plan around site visits, and before open enrollment starts for Medicare.

12. Public Notice and Outreach

A. Public Notice

(i) The approved Title VI implementation plan will be placed on the TCAD website. Sub-recipients, QA Coordinators, and Title VI representatives will also receive a copy of the plan. Compliance procedures are located in the Policy Manual, on the website and in each sub recipient's location. The nondiscrimination policy is displayed with the complaint procedures. This is observed when the Policy 2013-007 monitors go on site.

(ii) Complaint procedures and the Nondiscrimination Policy are on the Agency's Website as well as cited in Chapter 5 of the Policy manual in addition the complaint procedures are posted at all AAAD locations along with the Nondiscrimination Policy.

(iii) The Area Agencies post the nondiscrimination policy at their sites.

(iv) Two people representing the PSAs have rotating off of the Commission September 30, 2015, and the Governor's Office will be appointing new members. Currently there is one minority Commission member, who serves as the chairman of the Commission.

B. Outreach

TCAD is continuing a strategic outreach plan to connect with faith-based organizations as a way to provide information to large groups of people, who might not otherwise know about the information and services that the AAADs and TCAD provide.

TCAD continues to do outreach to rural and minority faith-based entities. People who live in rural areas and minorities are populations that TCAD targets in compliance with the Older Americans Act. TCAD has met with leadership of groups such as the Church of Jesus Christ of Latter Day Saints, and Full Gospel Fellowship, and the executive director spoke to a statewide conference of Parrish Nurses with the Episcopal Church to engage them in outreach.

The Commission on Aging and Disability currently has a waiting list for home based and community services; therefore, much of the outreach focuses on other valuable services such as information and assistance, the State Health Insurance Information Program (SHIP), health promotion and disease prevention activities at senior centers and congregate meals.

C. Representation on Planning Boards and Advisory groups

At Area Agencies

The AAAD advisory councils participate in the development and implementation of the area plan as well as provide opinions and recommendations to the area agency. As defined in Section 1321.57 the advisory council functions in an advisory rather than a policy-making or decision-making capacity. According to chapter 5 of the Policy Manual, the advisory council by law should clearly spell out tenure of membership, selection of membership and a method to select an appropriate balance of social, economic, professional and geographic representations of the area.

Governing boards of the AAADs are comprised of city and county mayors representing the cities and counties served by the Area Agency.

At TCAD

Recently enacted legislation has changed the composition of the members of the Commission. The Governor appoints one person from each of the 9 Public Service Areas. In addition, the Governor appoints a member of his personal staff, 1 person who is an active member of a chartered, statewide organization that advocates exclusively for older persons, 1 person who is an active member of a federally chartered organization with statewide membership and chapters chartered in this state, that advocates exclusively for older persons, and 1 person who is an active member of a chartered, statewide organization that advocates exclusively for disabled persons. In addition, the governor appoints the Commissioners of the Departments of Health, Mental Health, Intellectual and Developmental Disabilities, Human Services, TennCare, and Veterans Affairs and the Director of the Council on Developmental Disabilities as ex officio, voting members. There are 7 members who are members because they direct State agencies, and two non-voting representatives are nominated from the General Assembly. Presently there are 22 active members and three vacancies at present. As of August 30, 2016, three members representing PSAs rotated off of the Commission, and the Governor's Office selected other people to serve as replacements.

The published list of board members is on the TCAD website, along with their contact information under the heading "Our Commission." Area Agencies are asked to suggest Commission members to the governor, but it is ultimately up to the governor's office to decide whom to place on the Commission. There is one minority representative currently on the Commission.

Soliciting Input

The Commission has provided outreach to the faith-based organizations with minority membership both to invite them to partner with TCAD in getting the message out about our information and services and to listen to them regarding the best way to reach more minority participation in programs.

Obtaining Contracts

The TCAD utilizes rules of the General Services Procurement Office for contracts that go out on bid. The Area Agencies on Aging and Disability receive the majority of the funding received from ACL.

13. Evaluation Procedures

Data

The TCAD program coordinators review utilization data from their programs, by Area Agency, on a quarterly basis. These reports reflect participation in senior centers, health promotion and disease prevention, family caregiver, meals (home delivered and congregate), information and assistance, case management, nutrition services, elder abuse prevention, and SHIP. This provides management information for the program coordinators. Annually the Title VI program coordinators pull case management data (which provides information on unduplicated clients) to assure that programs are serving a representative number of persons who are targeted in the Area Agency Plan.

Quality of Services

TCAD has a list of over 8,000 people waiting for services, so one main goal is to be able to reduce the waiting list. The ACL services and the state Options service are not entitlements. TCAD is working to improve the coverage of services by encouraging the use of evidence-based services like self-directed care and respite to stretch the services and the funds that are provided.

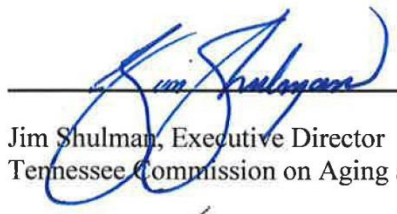
Compliance Issues

TCAD will improve documentation of minority outreach. There's a method in place to report outreach for the purpose of the SHIP program, so that can be expanded to

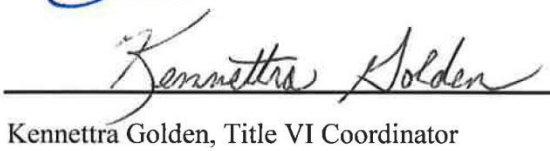
include any informational presentation or meeting or booth hosting addressing people in the target groups.

In addition, Title VI staff will review Area Agency case management data on a quarterly basis, to assure a more complete reporting of participant information.

14. Responsible Officials:



Jim Shulman, Executive Director
Tennessee Commission on Aging and Disability



Kennettra Golden, Title VI Coordinator
Aging Program Consultant

GOAL 1. ENSURE THAT PROGRAMS AND SERVICES FUNDED WITH **FEDERAL OLDER AMERICANS ACT** ARE COST EFFECTIVE AND MEET BEST PRACTICES.

Objective 1-1: Provide Information and Assistance services that are easily accessible through telephone, email, and text messages.	
Strategy 1-1.1: Create and maintain Statewide Resource Directory	**Measures / outcomes** **a.** By 2020, TCAD will research technology to allow for text inquiries to I&A line **b.** All eligible I&A staff will have current AIRS certification at each annual review
Strategy 1-1.2: Expand and improve technology to allow for text inquires to AAADs and TCAD.	
Strategy 1-1.3: Continue to ensure that all I&A staff are AIRS certified	
Objective 1-2: Ensure access and efficiency to case management and home and community based services	
Strategy 1-2.1: Expand the relationships of OPTIONS counselors with existing community organizations in an effort to promote referrals to the most appropriate and cost effective services and resources that meet the needs of the individuals we serve.	**Measures / outcomes** **a.** By 2021, each AAAD will sponsor annual training opportunity for OPTIONS counselors and other community providers **b.** By December 2019, TCAD will convene a work group of AAAD case managers to review and revise policies and procedures for Action Plans **c.** By 2018, TCAD will convene a work group to standardize the language for the 4-year Area Plan RFPs
Strategy 1-2.3: Continue to implement LEAN techniques to review and improve processes related to case management with particular attention to Action Plans and the involvement of the individual and their families in the development and implementation of these plans.	
Strategy 1-2.3. Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.	
Objective 1-3. Leverage Older Americans Act transportation funding to expand community transportation resources such as those provided by the HRAs and senior centers.	
Strategy 1-3.1: Compile database of transportation programs and mobility options.	**Measures / outcomes** **a.** By December of each year, ensure annual update of Statewide Transportation Map to ensure better coordination of transportation programs, mobility options, and services for the aging and disability population.
Strategy 1-3.2: Collaborate with partner agencies to bolster existing transportation infrastructure using Older Americans Act funds.	
Objective 1-4. Build partnerships and expand volunteer recruitment to allow *senior centers* to increase programming and activities that improve and maintain the quality of life through social, physical, and financial health.	
Strategy 1-4.1: Encourage senior centers to utilize technology and nontraditional methods and settings to increase the center's reach and serve more individuals.	**Measures / outcomes** **a.** By end of 2019, 50% of senior centers will have Facebook page or other social media presence **b.** By 2019, 35% of senior centers will build partnerships will local school systems, Boys and Girls Club, Head Start Programs or other youth community providers
Strategy 1-4.2: Increase outreach to isolated seniors through various formal and informal sources of referrals including local police and fire departments, social service organizations, faith based organizations, family, peers, senior housing complexes, and media.	
Strategy 1-4.3: Increase partnerships and volunteer support at senior centers in order to increase the number of older adults receiving telephone reassurance.	
Strategy 1-4.4: Encourage and advocate for intergenerational programs.	
Strategy 1-4.5: Build and expand partnerships to bring creative arts to senior centers.	
Strategy 1-4.6: Increase capacity for activities for individuals with physical or cognitive limitations.	

Objective 1-5. Increase awareness, leverage existing resources, locating new sources of funding, and increased outreach and education to reduce abuse, neglect and exploitation of the elderly and disabled.		
	Strategy 1-5.1: Increase capacity to handle more complex cases. **Strategy 1-5.2:** Increase efforts to target services to elders with the most economic and/or social needs. **Strategy 1-5.3:** Ensure cases involving priority legal issues are handled before non-priority legal issues. **Strategy 1-5.4:** Develop legal assistance public outreach tools and materials **Strategy 1-5.5:** Revise and develop legal assistance program manuals, monitoring tools, and standards.	**Measures / outcomes** **a.** By the end of 2018, revise the legal assistance program manual, monitoring tools, and standards. **b.** Every year, the legal assistance program will be re-evaluated and updated as required by changes in laws, regulations, and best practices.
Objective 1-6. Identify and implement strategies to improve cost efficiency for congregate and home delivered meals programs.		
	Strategy 1-6.1: Facilitate meetings with contractors and subcontractors to develop strategies to improve customer satisfaction and cost-effectiveness.	**Measures / outcomes** **a.** By 2021 nine (9) meetings will be held to develop plan for continuous quality improvement.
Objective 1-7. Expand fundraising and volunteer recruitment efforts to improve program capacity for congregate and home delivered meals.		
	Strategy 1-7.1: Working with nutrition partners, develop and implement strategies for recruitment of program volunteers to assist senior centers and nutrition sites with meal preparation and home delivered meal routes. **Strategy 1-3.2:** Explore possible collaboration and cross-program volunteer recruitment. **Strategy 1-3.3:** Working with nutrition partners develop and implement strategies to expand local fundraising using innovative outreach and marketing efforts.	**Measures / outcomes** **a.** By December 2019 measure baseline level of volunteer engagement. **b.** By 2021 collect outreach and marketing best practices and distribute to statewide partners and public.

Objective 1-8. Increase the availability and sustainability of evidence-based programs that improve quality of life, health, level of independence, and overall well-being		
	Strategy 1-3.2: Foster partnerships that promote access, funding, and development of evidence-based health promotion programs	**Measures / outcomes** **a.** By 2024, add three (3) new partners assisting in obtaining funding for evidence-based programs for adults 60 and over and adults with disabilities. **b.** Annually, increase by one (1) percent statewide the number of consumers who participate in evidence-based programs as evidenced by the SAMS database **c.** TCAD will complete annual report to maintain CDSME multi-site license
	Strategy 1-3.3: Research additional evidence-based programming for statewide implementation with emphasis on falls prevention	
	Strategy 1-3.4: Disseminate information about variety of choices in in evidence-based programming	
	Strategy 1-3.5: Maintain CDSME Stanford multi-site license	
Objective 1-9. Increase access to services and supports to caregivers in effort to assist family caregivers to continue providing care for their care receivers.		
	Strategy 1-9.1: Implement quarterly phone calls with AAAD staff who oversee the National Family Caregiver Support Program to discuss specific caregiving issues and how to best support the needs of caregivers facing these issues.	**Measures / outcomes** **a.** By 2019, work with the Tennessee Respite Coalition to implement the strategic plan developed through the Lifespan Respite federal grant **b.** Conduct annual monitoring of the National Family Caregiver Support Program using standardized monitoring tools
	Strategy 1-9.2: Explore innovative ideas and models to support family caregivers specifically around respite services in an effort to serve more caregivers and reduce the waiting list.	
	Strategy 1-9.3: Continued partnerships with the Tennessee Respite Coalition (TRC) to ensure that the National Family Caregiver Support Program focuses on the needs of the caregivers and include the strategies developed in the Respite Strategic Plan to expand the availability of respite and support to caregivers.	
	Strategy 1-9.4: Develop and implement Caregiver University, an accessible on-line tool full of relevant information and videos that are designed to support caregivers in Tennessee.	
	Strategy 1-9.5: Monitor the quality of services provided through the National Family Caregiver Support Program	

Objective 1-10. Identify and implement strategies to ensure that the Ombudsman program is more effective and efficient in advocating for all patients in all long-term care facilities.	
Strategy 1-10.1: Ensure that the data from the Ombudsmanager database is accurately recorded and in a timely manner and the data used to evaluate and improve the program.	**Measures / outcomes** **a.** 100% of Ombudsmanger reports will be evaluated each quarter to ensure that all appropriate data has been collected. **b.** By December 1 each year each district Ombudsman will be required to submit his/her annual report to the State LTC Ombudsman to ensure that the Federal Annual report is submitted on time. **c.** State LTC Ombudsman will meet with the Financial Director on an annual basis to review the budget and determine funding for the program based on the amount and location of long term beds. **d.** Each year the State LTC Ombudsman will make a visit to each district every year to meet with the volunteers, conduct trainings, and to ensure that all volunteers and District Ombudsman staff have the most current information. **e.** The State LTC Ombudsman will attend the annual State LTC Ombudsman conference annually, and participate in calls and webinars from ACL, and other agencies to maintain the most current information. **f.** All District LTC Ombudsman will attend quarterly Regional Survey Team meetings for the grand region where their district is located. **g.** The State LTC Ombudsman will attend all Regional Survey Team meetings to guide the program and facilitate the partnership. **h**. All trainings, conferences, calls, webinar, and meetings will be documented in Ombudsmanager.
Strategy 1-10.2: Ensure that all Ombudsman federal and state reports are submitted annually as required.	
Strategy 1-10.3: Evaluate how to distribute funding for the Ombudsman program more efficiently and effectively taking into consideration the location of the long-term care beds.	
Strategy 1-10.4: Provide monitoring and technical assistance for District Ombudsman programs to ensure that programs are meeting the goals and guidelines.	
Strategy 1-10.5: Update the Volunteer Ombudsman Representative (VOR) manual and training materials to maintain the most current data available.	
Strategy 1-10.6: Conduct volunteer on-line and face-to-face training in each district annually led by the State Long-term Care Ombudsman.	
Strategy 1-10.7: Continue to stay updated on the emerging Ombudsman issues such as the role of the Ombudsman program in the Managed Long Term Care Support Services.	
Strategy 1-10.8. Revise, if needed, the contract scope of service based on the revised policies and procedures for the Ombudsman program.	
Strategy 1-10.9: Participate in Regional Survey Team meetings to build the relationship with the Department of Health.	

Objective 1-11. Support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation involving Adult Protective Services (APS), Ombudsman, legal assistance, law enforcement, healthcare professionals, and financial institutions.		
	Strategy 1-11.1: Partner with Tennessee Vulnerable Adult Coalition to implement initiatives that utilize the identified best practices and maintain the social networking site for the purpose of disseminating elder abuse prevention information.	**Measures / outcomes** **a.** By 2020, form at least one (1) new ongoing partnership among agencies involved in elder abuse, neglect, and exploitation prevention.
	Strategy 1-11.2: Enhance the partnership with APS to build awareness of APS services and how citizens should contact APS for needed services.	
	Strategy 1-11.3: Identify and replicate successful public outreach campaigns/education and promote, and conduct public outreach, education, and awareness campaigns to reduce and prevent elder abuse, neglect and exploitation.	
	Strategy 1-11.4: Provide input and assistance (when requested) with Vulnerable Adult Protective Investigative Teams (VAPIT) to continue building relationships with District Attorneys, APS, and local law enforcement across the state.	
	Strategy 1-11.5: Develop and provide training and training resources for those involved in elder abuse, neglect, and exploitation prevention, investigation, and prosecution in partnership with stakeholders.	
	Strategy 1-11.6; Senior Medicare Patrol (SMP) in Tennessee will continue its efforts to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.	
Objective 1-12. Use standardized tools for information gathering, data analysis, and reporting to evaluate activities carried out under the Older Americans Act.		
	Strategy 1-12.1: Ensure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.	**Measures / outcomes** **a.** Ensure that Older Americans Act funding is serving the appropriate number of consumers as evidenced by AAAD contract scope of service outlining performance measures based unit cost
	Strategy 1-12.2: Ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.	
	Strategy 1-12.3: Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.	
	Strategy 1-12.4: Ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.	
	Strategy 1-12.5: Ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.	
	Strategy 1-12.6: Ensure financial accountability for funds expended through the Older Americans' Act, other federal and state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud and abuse.	

GOAL 2. DEVELOP **PARTNERSHIPS** WITH AGING NETWORK, COMMUNITY BASED ORGANIZATIONS, LOCAL GOVERNMENTS, HEALTHCARE PROVIDERS, AND STATE DEPARTMENTS **IN ORDER TO ADVOCATE TO REDUCE THE GAPS IN SERVICES** IDENTIFIED IN THE NEEDS ASSESSSMENT.

Objective 2-1. Increase the number and quality of senior transportation programs and numbers of seniors utilizing those programs.

Strategy 2-1.1: Develop documentation on best existing senior transportation programs in Tennessee and other states.	**Measures / outcomes** **a)** By 2021, add one (1) volunteer transportation initiative in each district. **b)** By December of each year, ensure annual update of Statewide Transportation Map to ensure better coordination of transportation programs and services for the aging and disability population.
Strategy 2-1.2: Support and provide technical assistance in creating community-based, volunteer transportation models.	
Strategy 2-1.3: Develop an instructional guide that can be given to cities and other interested parties about the steps, financial costs, and resources needed to design and create a volunteer transportation program for seniors.	

Objective 2-2. Increase access to affordable, accessible housing with appropriate services.

Strategy 2-2.1: Partner with the Tennessee Housing Development Agency to create a State of Tennessee Interagency Task Force on Housing & Health Integration.	**Measures / outcomes** **a)** By 2019, create a State of Tennessee Older Adult Affordable Housing/Health Partnership. **b)** By 2021, implement one (1) recommendation each year from the Joint Housing Report.
Strategy 2-2.2: Partner with other agencies to pilot bringing services to subsidized housing.	
Strategy 2-2.3: Promote and support the development of alternative housing and service models.	
Strategy 2-2.4: Promote universal design principals.	
Strategy 2-2.5: Encourage public and private development of suitable housing for older citizens and citizens with disabilities, designed and located consistent with their special needs and available at costs they can afford.	
Strategy 2-2.6: Explore funding opportunities that support home modifications.	
Strategy 2-2.7: Explore partnerships to ensure adequate access to emergency housing when needed.	

Objective 2-3. Through funding provided by the Model Approaches to Statewide Legal Assistance grant, develop and implement effective approaches for integrating cost-effective, well-integrated legal services into the existing statewide legal/aging service delivery networks to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice

Strategy 2-3.1: Conduct a legal needs assessment of seniors in Tennessee.	**Measures / outcomes** **a.** Conduct and analyze a senior legal needs assessment of seniors in Tennessee as well as a legal capacity assessment and provider survey and conduct a webinar to present the data. **b.** By the end of 2018, implement a senior legal helpline **c.** By 2019, develop tools and materials that aid in the effective and efficient delivery of legal assistance to seniors.
Strategy 2-3.2: Conduct a legal capacity assessment.	
Strategy 2-3.3: Conduct a statewide assessment of providers about the legal needs of seniors.	
Strategy 2-3.4: Develop a senior legal helpline that is integrated with the existing legal services.*	
Strategy 2-3.5: Develop tools and materials to assist in the effective and efficient delivery of legal assistance to seniors in Tennessee.	

Objective 2-4. Increase public awareness and strategies to alleviate economic insecurity among older Tennesseans		
	Strategy 2-4.1: Increase capacity to assist in reducing economic insecurity through benefits outreach and counseling. **Strategy 2-4.2:** Develop documentation and advocacy strategy concerning economic insecurity among older adults in Tennessee. **Strategy 2-4.3:** Form partnerships throughout the state to address issues surrounding economic insecurity. **Strategy 2-4.4:** Conduct outreach and training to adults with disabilities and adults ages 50 and older on financial planning for the future.	**Measures / outcomes** **a.** By July 2018 create map of poverty rates among older adults in Tennessee. **b.** By 2018 successfully launch benefits outreach program in at least two (2) districts. **c.** By Dec 2018, 100% of I&A staff will have update training in financial assistance programs.
Objective 2-5. Advocate for and promote dental care for older Tennesseans.		
	Strategy 2-5.1: Participate in and advocate for older adults during the development of the Tennessee Department of Health's State Oral Health Plan. **Strategy 2-5.2:** Develop an information network to improve dissemination and advocacy on behalf of the overall issue to providers, older adults, and other appropriate organizations. **Strategy 2-5.3:** Partner with AAADs, state programs, dental programs, and others to discuss access, affordability, and other issues and potential solutions concerning dental care	**Measures / outcomes** **a.** Attend State Oral Health meetings as requested by TN Department of Health. **B.** By 2021, disseminate the State Oral Health Plan through Aging Network
Objective 2-6. Partner with other entities to create sustainable solutions to food insecurity.		
	Strategy 2-6.1: Review and analyze the data from the statewide senior hunger survey compiled by MTSU. **Strategy 2-6.2:** Using data from the hunger survey develop a list of suggested courses of actions for the Commission to consider. **Strategy 2-6.3:** Work to ensure the successful launch and expansion of Senior SNAP outreach initiative. **Strategy 2-6.4:** Expand outreach efforts to ensure that potentially eligible older Tennesseans are able to make an informed decision about using benefits programs and are easily able to access them. **Strategy 2-6.5:** Cultivate relationships with local, state, and national partners to generate additional funding and resources to support older Tennesseans in meeting their nutritional and social needs. **Strategy 2-6.6:** Expand Volunteer recruitment.	**Measures / outcomes** **a.** By August 2018, staff will analyze data from the MTSU study. **b.** By December 2018, results will be distributed to key stakeholders **c.** By July 2019, advocacy toolkit will be developed based upon results of data analysis of TN Older Adult Food Insecurity Study. **d.** By 2018, analyze data in order to gauge effectiveness of Senior SNAP outreach grant.
Objective 2-7. Lead efforts for age-friendly and livable communities, by identifying best practices/standards for livability, creating a community self-assessment, and engaging local leaders in conducting the self-assessment.		
	Strategy 2-7.1: Develop and coordinate the distribution of a tool kit to cities across Tennessee that allows communities to both self-assess and understand best practices concerning livability. **Strategy 2-7.2:** Work with partner agencies to advocate for and increase overall proportion of accessible buildings and services.	**Measures / outcomes** **a.** By January 2020, publish statewide Livability Across TN Toolkit. **b**. By July 2020, distribute statewide Livability Across TN Toolkit to all 95 counties

Objective 2-8. Collaborate with other State agencies and the Aging Network to develop Elder Abuse Prevention practices.	
Strategy 2-8.1: Follow-through with Commitments to the Legislative Elder Abuse Task Force recommendations	**Measures / outcomes**
Strategy 2-8.2: Continue to lead and provide technical assistance to the group developing the Elder Abuse Field Guide for law enforcement, District Attorneys, Adult Protective Services and others involved in elder abuse, neglect, and exploitation prevention and prosecution.	**a.** By 2018, design and implement an Elder Abuse Field Guide for law enforcement, District Attorneys, APS and other involved in elder abuse, neglect, and exploitation prevention and prosecution.
Strategy 2-8.3: Continue to lead and provide technical assistance to the Statewide Elder Abuse Coordinating Coalition.	**b.** Every year, continue to lead and provide technical assistance to the Statewide Elder Abuse Coordinating Coalition.
Objective 2-9. Continue to educate the Aging Network and the public about brain health, risk factors, early signs, symptom management, and resources for caregivers in order to develop dementia capable systems of care and communities.	
Strategy 2-9.1: Train AAAD staff in Dementia Friendly Service (Person and Family Centered, self-direction, culturally appropriate).	**Measures / outcomes**
Strategy 2-9.2: Broker the training of in-home care workers to identify and understand symptoms and manage puzzling or difficult behaviors.	**a.** By 2020 design Dementia Friendly Services training.
Strategy2-9.3: Promote early detection and early diagnosis by promoting annual wellness exam benefit and screenings.	**b**. By 2021 deliver training to a minimum of 9 trainers representing the Area Agencies on Aging.
Strategy 2-9.4: Promote brain health through community education and outreach.	**c.** By 2021 trainers will deliver at least 1 Dementia Friendly Training event to service partners in their region.
	d. By 2021 outreach to home care service provider agencies to make them aware of the value of training and certification in dementia care.
	e. By 2021 identify training (s) that certify those who have passed dementia capable requirements for certification.

Objective 2-10. Develop partnerships and provide awareness and training to ensure that services are provided to older individuals and adults with disabilities in underserved communities.	
Strategy 2-10.1: Provide state wide training resources for I& A, senior center directors and service providers on inclusive service for the LGBT Community.	**Measures / outcomes** **a.** By January 2021, publish and distribute toolkit on LGBT Aging throughout the Aging Network **b.** By June 2019, I&A Program Director will provide training to all I&A Staff on LGBT Aging issues **c.** By March 2020, develop training course for OPTIONS Counselors on LGBT Aging issues **d**. By January 2021, translate all marketing outreach materials into Spanish
Strategy 2-10.2: Provide information on National Resource Center on LGBT Aging.	
Strategy 2-10.3: Partner with LGBT Community on providing technical assistance and local resources.	
Strategy 2-10.4. Evaluate regions throughout the state composed of large groups of non-English speakers and characterize basic needs and identify any potential information gaps.	
Strategy 2-10.5: Increase outreach and communication efforts aimed at non-English speaking populations.	
Strategy 2-10.6: Consider development of any culturally appropriate outreach efforts that could be most effective for non-English speaking populations.	
Strategy 2-10.7: Translate existing outreach tools to Spanish and ensure circulation in non-English speaking communities.	
Strategy 2-10.8: Ensure efforts are made to have identified minority populations with health disparities are included in health promotion activities, outreach, and partnerships.	
Strategy 2-10.9: Promote policies and initiatives that improve minority health.	
Strategy 2-10.10: Encourage public awareness of health issues affecting special populations including poor, underserved, rural, and minorities.	
Strategy 2-10.11: Coordinate with the Tennessee Holocaust Coalition to develop and provide person-centered, trauma-informed training to service providers.	
Strategy 2-10.12: Coordinate with the Tennessee Holocaust Coalition to pilot a program to recruit and train volunteers to assist Holocaust survivors	
Strategy 2-10.13: Continue to monitor (through reported data) participation in TCAD directed programs to ensure that participants in services represent the general population of the area.	
Strategy 2-10.14: Review Area Agency Plans to ensure that agencies are identifying and addressing disparities in service.	
Strategy 2-10.15: Assertively seek opportunities to meet with diverse groups, listen and provide information about services that are available through TCAD.	
Strategy 2-10.16: Develop partnerships with agencies that can refer to TCAD programs with confidence that the person will be treated with kindness and respect.	

Objective 2-11. Advocate for Tennessee's older Veterans.		
	Strategy 2-11.1: Participate in advocacy for veterans by working with the Tennesseans Department of Veterans Services. **Strategy 2-11.2:** Ensure that AAADs are referring veterans to the Department of Veterans Services regional offices to ensure that veterans are receiving all benefits for which they are eligible.	**Measures / outcomes** **a.** By December 2018, 100% of I&A staff will have update training in VA referral programs.
Objective 2-12. Increase public awareness and strategies to improve fall preventions among older adults.		
	Strategy 2-12.1: Build capacity for local collaboration through Fall Prevention Coalition Quarterly Phone Calls. **Strategy 2-12.2:** Raise awareness and disseminate information about home safety practices and options for caregivers and older adults to reduce falls. **Strategy 2-12.3:** Expand the falls prevention evidence-based program infrastructure.	**Measures / outcomes** **a.** By 2021, add one (1) evidence-based fall prevention initiative in each district. **b.** By December 2019, increase number of individuals participating in Falls Prevention Coalition.
Objective 2-13. Continue Investment in "No Wrong Door" strategy by partnering with State agencies to advocate for services for older adults and adults with disabilities, improve response time and improve skills in making efficient referrals to state and contracted services.		
	Strategy 2-13.1: Develop and implement a webinar for state employees on TCAD services. **Strategy 2-13.2:** Develop speakers bureau on aging and disability issues and publicize the awareness of speakers on the TCAD website.	**Measures / outcomes** **a.** By 2019, Executive director will conduct three (3) statewide webinars about aging issues and TCAD services **b.** TCAD speakers bureau will be compiled and updated annually
Objective 2-14. Emphasize efforts to increase awareness and utilization of clinical preventive services among older Tennesseans.		
	Strategy 2-14.1: Include Medicare preventive services information in SHIP/TCAD outreach events. **Strategy 2-14.2:** Update and disseminate Medicare preventative services flyer. **Strategy 2-14.3:** Explore partnerships with Partners for Health to provide data and education on the planned new Diabetes Prevention Program benefit now being offered to Medicare beneficiaries and state employees.	**Measures / outcomes** **a.** By 2019, disseminate Medicare preventative services flyer to 1,000 older adults.
Objective 2-15. Using evidence informed resources, develop an education, prevention and pre-intervention program to raise awareness and promote resources to prevent older adult suicide.		
	Strategy 2-15.1: Educate agencies and communities that suicide is a preventable health problem. **Strategy 2-15.2:** Promote awareness that asking for help is OK. **Strategy 2-15.3:** Promote the message that help is available. **Strategy 2-14.4:** Train aging network staff in the QPR (Question – Persuade – Refer) curriculum.	**Measures / outcomes** **a.** By Dec 2017 100% of I&A staff will be trained in the QPR curriculum. **b.** Conduct suicide prevention social media campaign yearly.

GOAL 3. ENSURE THAT PROGRAMS AND SERVICES FUNDED BY **STATE ALLOCATIONS** ARE COST EFFECTIVE AND MEET BEST PRACTICES	
Objective 3-1. Ensure access and efficiency in the OPTIONS program (home and community based services).	
Strategy 3-1.1: Expand the relationships of OPTIONS Counselors with existing community organizations in an effort to promote referrals to the most appropriate and cost effective services and resources that meet the needs of the individuals we serve.	**Measures / outcomes** **a.** By 2021, each AAAD will sponsor annual training opportunity for OPTIONS counselors and other community providers
Strategy 3-1.2: Continue to implement LEAN techniques to review and improve processes related to case management with particular attention to Action Plans and the involvement of the individual and their families in the development and implementation of these plans.	**b**. By December 2019, TCAD will convene a work group of AAAD case managers to review and revise policies and procedures for Action Plans
Strategy 3-1.3: Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.	**c**. By 2018, TCAD will convene a work group to standardize the language for the 4-year Area Plan RFPs.
Strategy 3-1.4: Review options for continued support and funding of the OPTIONS program to address the needs the individuals on the waiting list for services.	**d.** By 2021, design person-centered training for OPTIONS counselors.
Strategy 3-1.5: Develop person-centered training for OPTIONS counselors.	
Objective 3-2. Continue the Public Guardianship for the Elderly Program to assists those referred by the Court who are 60 years of age or older and are unable to manage healthcare and/or financial decisions.	
Strategy 3-2.1: Increase public awareness of the Public Guardianship program.	**Measures / outcomes**
Strategy 3-2.2: Redesign the Public Guardianship program and policy manual including new forms.	**a.** By 2018, design and release new Public Guardianship for the Elderly Program brochures.
Strategy 3-2.3: Revise Public Guardianship monitoring tools and data spreadsheets.	**b.** By the end of 2017, revise all Public Guardianship tools, manuals, spreadsheets, and forms.
Objective 3-3. Use standardized tools for information gathering, data analysis, and reporting to evaluate activities provided with state allocations.	
Strategy 3-3.1: Assure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.	**Measures / outcomes**
Strategy 3-3.2: Ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.	**a.** Ensure that TCAD State allocations are serving the appropriate number of consumers as evidenced by AAAD contract scope of service outlining performance measures based unit cost
Strategy 3-3.3: Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.	
Strategy 3-3.4: Ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.	
Strategy 3-3.5: Ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.	
Strategy 3-3.6: Ensure financial accountability for funds expended through state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud and abuse.	

GOAL 4: ENSURE THAT TENNESSEEANS HAVE **ACCESS TO INFORMATION** ABOUT AGING ISSU8ES, PROGRAMS, AND SERVICES IN ORDER TO BE ABLE TO MAKE INFORMED DECISIONS ABOUT LIVING HEALTHY AND INDEPENDENT FOR AS LONG AS POSSIBLE AND ABOUT PLANNING FOR THEIR FINANCIAL FUTURES, HEALTHCARE ACCESS, AND LONG-TERM CARE

Objective 4-1. SHIP - Provide objective one-on-one counseling, and assistance on Medicare, Medicaid and all other health insurances for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach.

Strategy 4-1.1: Conduct Medicare training for state employees.	**Measures / outcomes**
Strategy 4-1.2: Maintain a cadre of trained SHIP counselors and volunteers in each district.	**a.** By 2019 research and analyze demographic data for each region of the state to identify vulnerable populations.
Strategy 4-1.3: Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging.	**b.** Yearly host Medicare training for state employees.
Strategy 4-1.4: Design and implement community outreach to individuals eligible for Medicare with emphasis on targeting hard to reach populations such as low income, rural, and native non-English speaking populations.	c. By 2019, develop healthy aging social media campaign focused on Medicare and related insurance benefits.
Strategy 4-1.5: Assist beneficiaries with finding affordable prescription drugs plans; screen and provide application assistance for low income subsidy or Medicare Savings Program.	**d.** 100% of volunteers will complete update training yearly
Strategy 4-1.6: Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services.	

Objective 4-2. Direct the attention of local and state key decision makers, as well as the public, to the needs of seniors in Tennessee through increased communication and advocacy via publications and online resources.

Strategy 4-2.1: Direct attention to issues affecting older adults through outreach using "The State of Aging in Tennessee: A County by County Snapshot".	**Measures / outcomes**
Strategy 4-2.2: Organize and lead statewide social media campaigns to direct attention to and promote healthy living among older adults.	**a.** Ensure annual update and distribution of "State of Aging in Tennessee"
Strategy 4-2.3: Host statewide webinars to review relevant data on aging issues.	**b.** By 2019, Executive Director will conduct four (4) webinars
Strategy 4-2.4: Continue to update and make improvements to the TCAD webpage.	**c.** By 2019, update and distribute 2,000 additional copies of Community Resource Guide
Strategy 4-2.5: Increase support to seniors and caregivers by creating and distributing information on crucial topics in a Community Resource Guide.	

Objective 4-3. Continue to assist the statewide efforts to raise awareness about advance care directives.

Strategy 4-3.1: Develop training and materials for state and aging network staff for the purpose of providing workshops or presentations on advance directives to the public.	**Measures / outcomes**
Strategy 4-3.2: Develop a plan for conducting workshops and presentations to assist the public across the state in making their own decisions and developing their own advance directives.	**a.** By 2019, ensure that information and training regarding the need for advance care directives is available to seniors and their families.

Attachment O

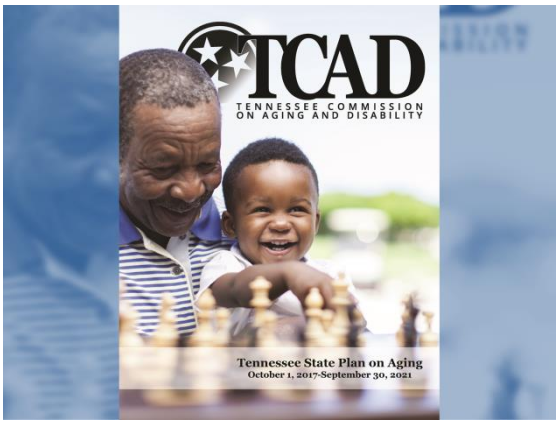
Public Hearing

In an effort to provide multiple opportunities for feedback, The Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021 was reviewed at both the TCAD Quarterly Commission Meeting on May 16, 2017 and a Public Hearing on May 17, 2017.

Approximately 2 weeks prior to these meetings held on May 16 and 17, 2017 a copy of the draft state plan was emailed to the Commission members as well as AAAD Directors. Additionally, the draft state plan was uploaded to the TCAD website and made publicly available.

During each of these two meetings, Kathy Zamata, Deputy Director of the Tennessee Commission on Aging and Disability presented the TN State Plan PowerPoint presentation, as shown below. All attendees were provided a printed copy of the goals/objectives/strategies/outcomes and given the opportunity for both verbal and written feedback.

Specifics for each meeting are detailed in the pages that follow.



2017-2021 Tennessee State Plan on Aging

Program Instruction for State Plan on Aging Oct. 1, 2017-Sept. 30, 2021
- from the Administration on Aging on how to write the State Plan on Aging

State Plans: A requirement of the Older Americans Act (federal funding)
- Develop and Administer a State Plan
- Responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives
- Serve as an effective a visible advocate for older individuals
- Divide the State into distinct planning and service areas for the planning or administration of supportive services programs

2017-2021 Tennessee State Plan on Aging

Contents of State Plan on Aging
- History and Mission
- Focus Areas (Programs funded with Older Americans Act Dollars)
- Needs Assessment
- Challenges
- Planning for the Future: Goals, Objectives, Strategies, Performance Measures
- Quality Management
- Assurances

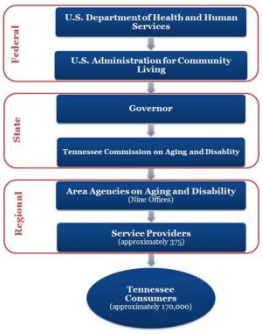
2017-2021 Tennessee State Plan on Aging

History and Mission Highlights
- 1963—Tennessee Commission on Aging and Disability (State Unit on Aging) formed
- 2001—OPTIONS program (Home and Community Based Services) created by TN Legislature
- 2003—State Health Insurance Assistance Program (counseling and outreach to Medicare beneficiaries)
- 2004-08—Operating agency for the Medicaid Waiver (Home and Community Based Services)
- 2008—CHOICES Act—TennCare created a Managed Long Term Care Services and Supports system (replacing Medicaid Waiver)
- 2012—Veterans Directed Home and Community Based Services (2017 contract ends)
- 2014—TN Legislature created an Elder Abuse Task Force
- 2016—Senate Joint Resolution called for TCAD to work with banks and credit unions to prevent fraudulent transactions

2017-2021 Tennessee State Plan on Aging

History and Mission Highlights
- 1963—Tennessee Commission on Aging and Disability (State Unit on Aging) formed
- 2001—OPTIONS program (Home and Community Based Services) created by TN Legislature
- 2003—State Health Insurance Assistance Program (counseling and outreach to Medicare beneficiaries)
- 2004-08—Operating agency for the Medicaid Waiver (Home and Community Based Services)
- 2008—CHOICES Act—TennCare created a Managed Long Term Care Services and Supports system (replacing Medicaid Waiver)
- 2012—Veterans Directed Home and Community Based Services (2017 contract ends)
- 2014—TN Legislature created an Elder Abuse Task Force
- 2016—Senate Joint Resolution called for TCAD to work with banks and credit unions to prevent fraudulent transactions

2017-2021 Tennessee State Plan on Aging



2017-2021 Tennessee State Plan on Aging Focus Areas and Programs

Older Americans Act Programs (federal funding)
- Supportive Services
  - Information and Assistance
  - Transportation
  - Case Management
  - Legal Assistance
  - Senior Centers
- Nutrition Services
  - Congregate Meals
  - Home Delivered Meals

2017-2021 Tennessee State Plan on Aging Focus Areas and Programs

Older Americans Act Programs (continued)
- Disease Prevention and Health Promotion
- National Family Caregiver Support Program
- Aging and Disability Resource Centers
- Services for Native Americans
- Services for Holocaust Survivors
- Elder Rights Protection
  - Long Term Care Ombudsman
- Discretionary Grants
  - State Health Insurance Assistance Program (Medicare Counseling and Outreach)
  - MIPPA (Medicare Enrollment Assistance Program)
  - Life Span Respite
  - Supplemental Nutrition Assistance Program (SNAP)
  - Model Approaches to Statewide Legal Assistance

2017-2021 Tennessee State Plan on Aging
Focus Areas and Programs

State Funded Programs
- Public Guardianship for the Elderly
- OPTIONS (home and community based services)

2017-2021 Tennessee State Plan on Aging

Statewide Needs Assessment
1. **A statewide survey of older adults** (1,795 Tennesseans over age 60)
2. **A statewide survey of service providers** (426 direct service providers)
3. **A food insecurity study** (interviews conducted by MTSU)
4. **A housing study** (conducted by THDA, USDA, TCAD, AAADs)

2017-2021 Tennessee State Plan on Aging

Highest Needs Identified by Seniors
1. Health concerns or lack of healthcare
2. Financial concerns
3. Transportation
4. Lack of accessibility

Highest Unmet Needs Identified by Service Providers
1. Transportation
2. Nutritional Needs
3. Financial Needs
4. Housing Concerns

2017-2021 Tennessee State Plan on Aging

Challenges
- **Fiscal Challenges** (stagnant funding for last 10 years despite rapidly growing aging populations)
- **Lack of Capacity of Programs and Services**
  - Transportation; Nutrition; Housing; Poverty; In-home Services; Caregiver Support
  - 10,000 people on the waiting lists

2017-2021 Tennessee State Plan on Aging

Goals, Objectives, Strategies, Performance Measures (see handout)

Goal 1. Ensure that programs and services funded with federal Older Americans Act are cost effective and meet best practices.

Title IIIB
1. Information and assistance
2. Case management and home and community based services
3. Transportation
4. Senior centers
5. Elder abuse, neglect and exploitation

Title IIIC
1. Congregate and home delivered meals programs
2. Expand fundraising and volunteer recruitment

2017-2021 Tennessee State Plan on Aging

Goals, Objectives, Strategies, Performance Measures (see handout)

Goal 1. Ensure that programs and services funded with federal Older Americans Act are cost effective and meet best practices.

Title IIID
8. Evidence-Based programs

Title IIIE
9. Caregivers

Title VII
10. Ombudsman program
11. Elder abuse, neglect, and exploitation
12. Information gathering, data analysis, and reporting

2017-2021 Tennessee State Plan on Aging

Partnerships and capacity building to reduce unmet needs

Goal 2. Develop partnerships with aging network, community based organizations, local governments, and state departments in order to advocate for the gaps in services as identified in the needs assessment.

Planning and Administration
1. Senior transportation programs
2. Affordable, accessible housing with appropriate services †
3. Statewide legal assistance grant implementation
4. Strategies to alleviate economic insecurity
5. Advocate for and promote dental care for older Tennesseans †
6. Partner with other entities to create sustainable solutions to food insecurity
7. Livable communities

2017-2021 Tennessee State Plan on Aging

Partnerships and capacity building to reduce unmet needs

Goal 2. Develop partnerships with aging network, community based organizations, local governments, and state departments in order to advocate for the gaps in services as identified in the needs assessment.

Planning and Administration
8. Develop Elder Abuse Prevention practices
9. Develop dementia capable systems of care
10. Underserved communities
11. Advocate for Tennessee's older Veterans.
12. Falls preventions
13. Continue Investment in "No Wrong Door" strategy
14. Utilization of clinical preventive services
15. Promote resources to prevent older adult suicide

2017-2021 Tennessee State Plan on Aging

State Funded Programs

Goal 3. Ensure that programs and services funded by State allocations are cost effective and meet best practices.

1. OPTIONS program (home and community based services)
2. Public Guardianship for the Elderly Program
3. Use standardized tools for information gathering, data analysis, and reporting to evaluate activities provided with state allocations

2017-2021 Tennessee State Plan on Aging

Advocacy and Cultural Awareness

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs and services in order to be able to make informed decisions about living healthy and independent for as long as possible and about planning for their financial futures, healthcare access, and long-term care.

1. SHIP - Provide objective, one-on-one counseling and assistance on Medicare, Medicaid and all other health insurances
2. Increase communication and advocacy via publications and online resources
3. Continue to assist statewide efforts to raise awareness about advance directives

2017-2021 Tennessee State Plan on Aging

Quality Management

Quality Management is based upon three key areas:

1. Collection and maintenance of accurate data and records
2. Remediation of problem areas
3. Continuous Improvement

2017-2021 Tennessee State Plan on Aging

Intrastate Funding Formula

Y= (.35*(%60)) + (.3*(%LI)) + (.1*(%LIM)) +.15*(%RUR)) +.1*(%80))

FACTORS	WEIGHTS
Population Age 60 and over	35%
Low Income Elderly	30%
Low Income Minority Elderly	10%
Elderly Living in Rural Areas	15%
Population Age 80 and Above	10%

2017-2021 Tennessee State Plan on Aging

Population by Region

	Population 60+		Low-Income Minority		Low Income 65+		Rural 65+		Population 80+	
	n	%	n	%	n	%	n	%	n	%
FIRST	130,691	9.72%	291	1.40%	9,811	10.59%	35,220	10.84%	21,429	10.14%
EAST	278,066	20.68%	1,505	7.24%	18,449	19.91%	70,400	21.66%	45,892	21.71%
SE	143,742	10.69%	1,991	9.58%	10,541	11.38%	32,510	10.00%	25,496	12.06%
UC	88,172	6.56%	265	1.27%	7,333	7.91%	40,470	12.45%	14,195	6.72%
MC	303,041	22.54%	4,307	20.72%	15,450	16.67%	42,620	13.12%	47,506	22.48%
SC	97,306	7.24%	1,009	4.85%	7,447	8.04%	42,050	12.94%	17,082	8.08%
NW	61,402	4.57%	1,022	4.92%	5,382	5.81%	26,870	8.27%	11,424	5.40%
SW	57,239	4.26%	1,464	7.04%	5,060	5.46%	21,930	6.75%	10,060	4.76%
ACMS	184,920	13.76%	8,934	42.98%	13,187	14.23%	12,890	3.97%	31,012	14.67%
TOTALS	1,309,163	100.00%	19,164	100.00%	89,077	100.00%	149,320	100.00%	224,095	100.00%

2017-2021 Tennessee State Plan on Aging

Financial Plan	Title III and Title VII	Other Resources	Total Budget
Total Resources to be used for State Agency Administration			
Older Americans Act - III & VII			
State Administration	1,134,900	1,590,000	2,724,900
Elder Abuse	25,000		25,000
Other Funding Sources			
Insurance Counseling		236,000	236,000
Total Area Agencies on Aging	$1,159,900	$ 1,826,000	$ **2,985,900**
Total Resources to be used for Substate Planning and Service Delivery (Area Agencies on Aging and Contract Service Providers)			
Federal Funds			
Federal Title III	20,755,900		
Federal Title VII	378,700		
NSIP Reimbursement	1,544,100		
Insurance Counseling and Outreach	1,412,100		
	$24,090,800		$24,090,800
State Funds			
Senior Citizen Centers		1,250,000	
State In-Home Services		1,362,000	
Guardianship		1,010,000	
Home & Community Based Services		9,590,800	
		$ 13,212,800	$ 13,212,800
Total Area Agencies on Aging			$ **37,303,600**
Total Resources			**$40,289,500**

TCAD
TENNESSEE COMMISSION ON AGING AND DISABILITY

TCAD Quarterly Commission Meeting

Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021

May 16, 2017

Andrew Jackson Building

502 Deaderick Street

Nashville, Tennessee

Number of Attendees: 32

TCAD Quarterly Commission Meeting
Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021
May 17, 2017
12:00 p.m.

Name	Organization
Jennifer Hall	Governor Haslam's Office; Tennessee Commission on Aging and Disability member
Dottie Lyvers	East Tennessee Area Agency on Aging and Disability
Criss Grant	Southeast Tennessee Area Agency on Aging and Disability
Dora Ivey	Aging Commission of the Mid-South
Kathy Whitaker	First Tennessee Area Agency on Aging and Disability
Aaron Bradley	East Tennessee Area Agency on Aging and Disability
Charles Ferguson	TennCare; Tennessee Commission on Aging and Disability member
Renee Bouchillon	Department of Human Services /Adult Protective Services; Tennessee Commission on Aging and Disability member
Joe Evans	South Central Tennessee Area Agency on Aging and Disability
Susan Hill	Northwest Tennessee Area Agency on Aging and Disability
Rebecca Kelly	AARP
Kraig Smith	AARP
Dennis Temple	Department of Mental Health and Substance Abuse Services; Tennessee Commission on Aging and Disability member
Linnet Overton	SILCTN
Bill Gentner	Tennessee Commission on Aging and Disability member
Cele Curtis	Tennessee Commission on Aging and Disability member
Del Holley	Tennessee Commission on Aging and Disability member
Mike Callahan	Tennessee Commission on Aging and Disability member
Lynette Porter	Tennessee Council on Developmental Disabilities; Tennessee Commission on Aging and Disability member
Ed Cole	Tennessee Commission on Aging and Disability member
Leslee Bibb	Tennessee Commission on Aging and Disability member
Robin Rochelle	South Central Tennessee Area Agency on Aging and Disability
Julie Jones	Northwest Tennessee Area Agency on Aging and Disability
Gayle Wilson	Greater Nashville Regional Council
Marilyn Wade	Greater Nashville Regional Council
Jerry Lukach	Tennessee Commission on Aging and Disability member
Kim Brannon	Tennessee Commission on Aging and Disability member
Holly Williams	Upper Cumberland Area Agency on Aging and Disability
Ken Yager	Tennessee General Assembly; Tennessee Commission on Aging and Disability member
Mark Breece	TN Department of Veterans Services ; Tennessee Commission on Aging and Disability member;
Shelley Matthews	Southwest Tennessee Area Agency on Aging and Disability
Jessica Rice	Southwest Tennessee Area Agency on Aging and Disability

TCAD Quarterly Commission Meeting
Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021
May 17, 2017
12:00 p.m.

Kathy Zamata, Deputy Director, Tennessee Commission on Aging and Disability

> *"I have given everyone here a handout, right out of the state plan. Then, I've also given you a form that you can fill out. As you review the goals, objectives, and measures, if you see something that we left out that needs to be corrected. If you will write that down, then we will take that back. So if there is any way you can multitask and review this and write, that would be really helpful. Even if you can't do it today, if you could get it back to us by Friday, that would be good. We need to get our state plan to the governor's office by June 1st, so that that office has a month to review and sign before we send it to the Administration for Community Living on July 1. It has to be there on July 1. Then, they have until October 1 to approve, so that our funding will start for the next 4 years. So that's kind of how it all works. I know the State Plan on Aging has been up on our website now. Here is a copy. It is 132 pages. The first 30 pages are what is required in terms of writing the narrative, goals, objectives and measures. That's the requirement part. Then we have to attach assurances and supporting documentation."*

Kathy then gave an overview of the Administration for Community Living's Program Instructions, the State Plan narrative, goals and objectives, and the funding formula, the meeting will be open for comments. State Plan narrative and appendices are posted on the TCAD website. Kathy reviewed the Program Instructions that identified the required elements of the State Plan and then presented an overview of each chapter by using PowerPoint presentation.

Comments from Attendees

Kathy Zamata: "*So this has been up on the website, and I really haven't gotten a lot of comments. So I am thinking the people in this room right now are the ones with the vested interest. So I am hoping that if there is something you see that needs to be added or changed that we can put that section in here. I will put it in there exactly the way you say it or write it. If it is something that you see that we totally 'missed the boat' on something and need to go back and put a strategy or an objective, then we can do that. We will fix it where we can, and if we can't, I will let you know that.*

Ed Cole: "I would just like to add that I have read the full volume on the website. And it is one of the best written documents. It is a lot of content. It would be real easy to read this and say 'I don't even know where I am in this anymore.'" But the logic that you showed us in walking through the oversight today is built into that text, and I would just compliment you and the staff for taking something that could just be a federal requirement of response which can be unintelligible and turning it into a real management and policy driven document for all of us. So, I applaud you for that."

Bill Gentner: "Any other comments? Well Kathy, you did a great job."

Written comments from attendees were as follows:

(TCAD response to each denoted by "A :")

Ed Cole, Commission member

1. Goal 1 – Strategy 1-3.1: consider language change to replace "…database of transportation programs" with "…database of transportation programs and mobility options…" with similar language in Measures/outcomes
   A: Completed.
2. Goal 2 – Objective 2-1, Strategy 2-1.2: reword to read "support and provide technical assistance to AAADs and other local non-profit organizations and agencies in creating community-based, volunteer supported transportation and mobility referral models and programs" with similar language in Measures/outcomes
   A: Broadened this goal.
3. Goal 2 – Objective 2-1, Strategy 2-1.3: insert "…and mobility referral service…" after "…a volunteer transportation program…" with similar language in Measures/outcomes.
   A: I&A's will serve as mobility referral program.

Renee Bouchillon, Commission member

1. Objective 1-5 – Can this be expanded to elderly and disabled?
   A: Completed.
2. Objective 1-10 – APS would like to be involved in #6 – training if possible.
   -Add Ombudsman as a possible VAPIT member?
   A: All partnerships will be explored including APS.
3. Objective 1-11 #5 – training – can you add in partnership to avoid duplicate efforts?
   A: Completed, while no specific partners are written in objective, all potential partnerships will be explored during the implementation process.
4. Objective 2-2 It would be great if one strategy could focus on emergency housing.
   A: Completed.
5. Objective 2-1 Can you change seniors to include adults with disabilities?
   A: Not changed due to use of Title IIIB funds.
6. Objective 2-3 Expand to include adults with disabilities.
   A: Not completed due to grant requirements.
7. Objective 2-4 Same as above; Is older adults defined as age 50+ for this goal? See #4
   A: Completed.
8. Objective 2-5, 2-6, 2-7, and 2-8 expand to include adults with disabilities.
   A: Not completed for 2-5, 2-6, and 2-8. Completed for 2-7.
9. Objective 2-10 Add disabled?
   A: Completed.
10. Objective 2-13 Include disabilities
    A: Completed.
11. #2 Several State Agencies already have a speakers bureau – might want to partner/link to avoid duplicate efforts
    A: All partnerships will be explored including other speakers bureaus.
12. Objective 2-15 Possibly partner with TN Suicide Prevention Network
    A: All partnerships will be explored including TPN.

13. Objective 3-1 I would like to see something put in place in OPTIONS policy about a client who refused CHOICES b/c of estate recovery but choose OPTIONS b/c of no estate recovery.
    A: Policy will be reviewed by applicable partners.
14. Objective 3-2 Add APS, not just courts and maybe others. What about adding the working group? SB1287
    A: All partnership will be explored including APS.
15. Objective 4 Goal includes language Medicare, Medicaid, etc. but all strategies focus on just Medicare?
    A: Completed by adding "related insurance benefits" when able to do so.

Public Hearing

Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021

May 17, 2017

Nashville Public Library Southeast Branch

5260 Hickory Hollow Pkwy #201,

Antioch, Tennessee

Number of Attendees: 13

Public Hearing
Tennessee State Plan on Aging for October 1, 2017 through September 30, 2021
May 17, 2017
1:00 p.m.

Name	**Organization**
Vickie Harris	QEC partners
Holly Williams	Upper Cumberland AAAD
Jennifer Abernathy	Tennessee Respite Coalition
Tiffany Cloud-Mann	Alzheimer's Association
Jim Shulman	Tennessee Commission on Aging and Disability
Lacey Russell	Tennessee Commission on Aging and Disability
Tabitha Satterfield	Tennessee Commission on Aging and Disability
Laura Brown	Tennessee Commission on Aging and Disability
James Holmes	Tennessee Commission on Aging and Disability
Ryan Ellis	Tennessee Commission on Aging and Disability
Kathy Zamata	Tennessee Commission on Aging and Disability
Emily Long	Tennessee Commission on Aging and Disability
AnnaLea Cothron	Tennessee Commission on Aging and Disability

Public Hearing
Tennessee State Plan on Aging
May 17, 2017
1:00 p.m.

Introduction and Overview of the State Plan on Aging

Anna Lea Cothron, Aging Commission Liaison, Tennessee Commission on Aging and Disability opened the Public Hearing by stating that this is an official meeting and that the meeting is being recorded. She asked that when making comments attendees state their full name and organization.

Jim Shulman, Executive Director, Tennessee Commission on Aging and Disability gave introductory remarks

> "This is the public hearing on the State Plan on behalf of the Tennessee Commission on Aging and Disability that we are going to send to the federal government. We have to get it approved and have a public hearing pursuant to federal law/federal regulation. Once we get all the comments in, we will redraft it and submit to the governor for his review. Once the governor signs it, then we send it up to the federal government. Then hopefully once the federal government looks at it, they decide it is an acceptable plan. That's how we get Older Americans Act money. We submitted it to our Commission yesterday and they had a few comments but again, pursuant to the federal requirements, we have to have a public hearing. So, we're very glad you're here. With that, I am going to turn it over to Kathy Zamata, who is the main author of this plan. She will go through this. Let's talk about it and see if you have any comments."

Kathy Zamata, Deputy Director, Tennessee Commission on Aging and Disability

> "On your chairs, we put out the goals and objectives, strategies, and measures. That's the biggest part, or biggest new part to the plan. The plan is about 140 something pages long. 30 pages of that are requirements including goals and objectives. The rest of the plan document is all the attachments that are required, that we put in there. The first 30 pages are what you need to pay attention to. Also on you chairs we have a sheet, so if you want to write a comment and put that in writing, do that on that sheet. That would be really helpful for us. We are recording this, so if you have a comment, we will get those comments down. But if there is anything that you can actually write for us, that would be helpful. In the back of the state plan, there is a section called 'Public Hearing.' Yesterday at our regular quarterly commission meeting, we presented it. It's also been up on the website for a couple of weeks and we have asked for review and comments from the area agencies and the commission members and that sort of thing. There were 2 area agencies that I know went personally through it word for word and gave us suggestions. So I feel fairly confident that we've gotten the area agency feedback. So we made changes where we could—either changing language or adding things. So today we'll take your comments, where we can change, we'll go back and change or add. Then in that public hearing section, we will put an asterisk or something by the comment to say whether we changed and added or the reason why we couldn't do that. That's my way of saying, whatever you say is really important to us. We

will listen and we will change it where we can. So this is not the final, final, done deal for another two weeks. The State Plan on Aging- the reason it is written the way it is because we have a Program Instruction from the Administration for Community Living. And that Program Instruction tells us the structure of the State Plan on Aging. "

Kathy then gave an overview of the Administration for Community Living's Program Instructions, the State Plan narrative, goals and objectives, and the funding formula, the meeting will be open for comments. State Plan narrative and appendices are posted on the TCAD website. Kathy reviewed the Program Instructions that identified the required elements of the State Plan and then presented an overview of each chapter by using PowerPoint presentation.

Comments from Attendees

Kathy Zamata: "So now we would like to hear from you. Is there anything? I know people in the room come from particular focuses, whether it is respite, Alzheimer's, or general counsel. So, are there things that are coming up in your agencies that you really want us to focus on that you see are high needs or that you want to make sure gets in here? Any of that?"

Jennifer Abernathy: "I was just wondering. How does the commission include disability? I know this is the Older Americans Act and federal funding. But how does disability get put into the commission?"

Kathy Zamata: "We wrestle with that all the time, because the majority of our money is from OAA and for those specific programs it says "60+" whether you have a disability or not. But within the OPTIONS program which is state-funded then we can serve people 18 and over with that funding. But that is only for people with physical disabilities, so where we end up embracing other disabilities is through the partnering and that sort of things. Especially, the Area Agencies are the single point of entry for not only all of our services, but also for the CHOICES Act. So they are the first point that people should be calling if they are not already on TennCare. We work really hard and the area agencies work really hard to understand all the disability resources so that those information and assistance sources can make referrals and network. We also make sure that they are certified, AIRS certified, counselors. So that's primarily where. So within the state, it feels like, and it looks like those entities are fairly siloes. You've got our silo, TennCare silo, the Development and Intellectual disability Silo. So it is a difficult thing to get all those to work together. "

Jennifer Abernathy: "One suggestion on a way to get that more into the plan. In the partnering include the independent living network, or the state independent living counsel, as one of those partners to explore partners with."

Kathy Zamata: "Like the CILS?"

Jennifer Abernathy: "Yep. The center for independent living. Also, The State Independent living counsel. I can't remember what department they are under but it could be another partner. The SILC does a state plan on independent living every 3 years I believe. I want to say they are working on that that now. So that may be something to look at including to formalize it in the plan."

Kathy Zamata: "That's good. We can do that"

Jennifer Abernathy: "I know that happens at the local level."

Kathy Zamata: "Yes. I know the Area Agencies have been involved when they have the town hall meetings and we've been invited. Anything else?"

Jennifer Abernathy: "I was happy to see Respite and the statewide respite plan that we're working on right now. And the Statewide respite grant included in this. Even if there is not funding. Since ACL just said there was funding for new states, TN is not eligible to apply this round. I was glad to see that in the plan and the Commission's continuing commitment to respite for caregivers."

Vickie Harris: "Relative to respite, I was very excited to see the work that is going on between Respite and TCAD. Relative to a statewide plan. And certainly included in here. I wonder if there would be an opportunity to include in objective #3 how that plays into the OPTIONS waiting list. There is a caregiver burden that goes on when an individual is on that OPTIONS for community living waiting list. So maybe something that incorporates those 2 pieces together. Otherwise we're continuing to look at Respite as one interstate and the OPTIONS and in home supportive services when actually they are interrelated particularly when you find yourself on the waiting list."

Kathy Zamata: "I agree"

Vickie Harris: "Another suggestion I had was relative to goal number 2 - partnerships. Healthcare organizations were not identified and again when we think about older adults and the disabled, essentially they arrive at the door at the Aging Networks' door with many chronic conditions and health issues. As the healthcare industry continues to evolve around different payment models. There will likely be opportunities for touchpoints that could actually decrease the expenditures of the aging network side and shift it over to the health care side. Or there could be some collaboration. So I definitely think we can't ignore what is going on in that HealthCare model as an opportunity. My last suggestion is about objective 1.1 – Give some considerations to a 24/7 live chat feature on the various websites. As a caregiver, we never know when the available time is that they have. WE pigeon hole people into business hour times. So moving us into the 21st century and responding to out consumers and where they are at."

Kathy Zamata: "In all aspects, we have to move with technology. Not just do the same things we've always done. I agree."

Tiffany Cloud-Mann: "There are some resources for caregivers that are already 24/7 like the caregiver hotline for Alzheimer's. So maybe you guys could just push that information out there. But there may be some resources already available."

Vickie Harris: "Some of those could be leveraged. That would be awesome. And you're right there is a great deal of Alzheimer's information. As I shared with Kathy earlier, I leapt into caregiving at a new level in the past 12 months. It was not related to Alzheimer's, it was related to cancer. I think we do an awesome job at Alzheimer's, but then there are these other chronic conditions that come together around a family and their support system that really makes that 24/7 that could be available just generally, of value."

Tiffany Cloud-Mann: "You might consider adding into objective 2.9 just a line about the brain health piece and prevention. You talk about dementia friendly service and detection of disease, but maybe a line specifically about brain health."

Kathy Zamata: "Anything else? Ok. Thank you very much. We really appreciate it!"

Meeting concluded at 1:55 P.M.

Attendees gave no written comments

Acknowledgements

Special thanks to the hundreds of older adults and service providers who assisted in this process by taking time to provide information for the Statewide Needs Assessment. We would also like to thank the Commission members, AAAD Directors, and attendees of the Public Hearing for their feedback in shaping this State Plan. We acknowledge Emily Long and Anna Lea Cothron, staff of the Tennessee Commission on Aging and Disability, for conducting the needs assessment.

If you are interested in collaboration or partnerships to address any of the aforementioned goals and objectives please contact Tennessee Commission on Aging and Disability at 615-741-2056 or tn.aging@tn.gov.